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TRANSACTIONS

OF THE

NORTH CAROLINA DENTAL SOCIETY

AT THE

TWENTY-EIGHTH ANNUAL SESSION,

HELD AT

RALEIGH, N. C.,

COMMENCING JUNE 19, 1902.

Publishing Committee, J. S. BETTS.

JOS. J. STONE & CO.,
PRINTERS AND BINDERS,
GREENSBORO, N. C.

PROCEEDINGS.

RALEIGH, N. C., June 19, 1902.

The Twenty-eighth Annual Meeting of the North Carolina Dental Society was called to order in Raleigh, N. C., June 19, 1902, at 10 o'clock, by the president, Dr. J. S. Spurgeon.

The meeting was opened with prayer by the Rev. Marvin Culbreth.

Dr. V. E. Turner introduced the Governor of North Carolina as follows:

Mr. President, Gentlemen of the North Carolina Dental Society:

As a representative of the local society of Raleigh, it is my distinguished honor and pleasure to present a gentleman who needs no introduction, as he is well known everywhere, not only as an honored citizen and the Chief Executive of North Carolina, but one who, on account of his great love for the people of North Carolina and his great zeal, genius and indomitable energy, has succeeded in arousing more interest in general education than has ever before been known in the State. Standing as he does for the highest educationals, with the great est number of people in the State, he is no less a champion for the high cultivation of the arts and sciences, and as such, I now introduce his excellency, Governor Aycock, who will give you a cordial welcome to the city of Raleigh.

The Governor delivered his address of welcome as follows:

ADDRESS OF WELCOME.

Mr. President and Gentlemen:

It is my privilege and pleasure this morning to extend to you, in behalf of the State of North Carolina, welcome to her capital city. I give to you, in the name of the State, a cordial greeting and extend to each of you the privileges of the city, carrying with it, under the pardoning power vested in me by the State, the right to violate any ordinary rules which may circumscribe your enjoyments. I welcome you both on your own account and because of the affection which I have for the people of the State. During your presence here they will be at ease.

There is in North Carolina to-day a "surcease of sorrow." Grinding and hammering in the mouths of the people has stopped. There is peace in the land and joy. But seriously, I welcome you because you are among the best workers in the State and have given to us much service of the highest kind. Yours is an honorable profession, requiring knowledge, patience, and industry. You have illustrated those qualities in a high degree. You have lessened suffering in the State; you are ministers of happiness. I welcome you because you stand in the forefront of your profession. You have brought credit to the State which we all love. You have added to the sum of human knowledge. Your views are sought after by strangers; your deliberations are regarded as important by scholars. I am proud of every profession which reflects credit upon us and I am glad that your history is such that every North Carolinian can greet you with cordiality and say truly that you have reflected honor upon us.

Until 1835 there were among us no practitioners of dental surgery. About that year Dr. John F. Harris, a brother of the late Chapin A. Harris, of Baltimore, who is known as the father of dental surgery, commenced to make periodical visits to the State. Occasional visits were made by other dentists. Dr. Harris settled in Eastern North Carolina and died there. In 1837 Dr. Sterling Wheadon was a local practitioner in the city of Raleigh, and was a man of general culture and a skillful operator. He remained here only six or eight years when he removed to the West. Under him W. R. Scott engaged in the study of dental surgery. He took a course in medicine as well and entered as a student in the Baltimore College of Dental Surgery, the first dental college ever established in the world, and graduated in the second class of that institution. Before this time Dr. Chapin A. Harris had been called to see a patient in this State and came all the way from Baltimore to extract three teeth from a lady suffering with toothache.

Among the foremost in the legitimate practice of dental surgery was Dr. W. F. Bason, of Alamance County, who, for many years, traveled through the greater part of the State, spending a week or ten days in the larger towns. A little later, Drs. J. W. Howlett, Wimple and Bessent pursued the same plan of reaching the various towns and villages and offering the people an opportunity to secure dental services. It was not until about 1850 that the practitioners of dentistry began to locate in the larger towns. In 1855, the study of dentistry had become so common among us that out of twenty-five graduates at the Baltimore College of Dental Surgery ten were from North Carolina. There are now in this State over 300 practitioners, with an average addition of twenty-five annually, and I can truthfully say that no state stands ahead of us in skill, in workmanship, in scientific knowledge of dental surgery. To this State, through Dr. Howlett, of Greensboro, belongs the honor of inventing the first dental mallet for condensing gold in the cavities of the teeth; and the first dental association ever established in the United

States for the interchange of opinions upon professional and scientific subjects was organized in North Carolina. Our laws recognize the importance of your work. We do not require you to serve upon juries lest while you are serving the State our citizens should suffer for want of your services. Even in the midst of war, when the State was calling upon every able-bodied citizen, your profession was exempt from military duty, and the decision of our Supreme Court declared that this was the first of its kind rendered anywhere in this country. These few facts justify me in declaring that your organization stands among the first in the country, and I assure, you, as Governor of the State, that it is with great pleasure that I have the honor to extend to you, in the name of the State, a most cordial greeting upon the occasion of your twenty-eighth annual meeting. I wish each of you much pleasure and profit.

Response by Dr. H. D. Harper:

RESPONSE TO THE ADDRESS OF WELCOME.

Mr. President, Ladies and Gentleman, and Governor Aycock:

I came to the city a few days in advance of this meeting, hoping, while recuperating, that I might in some way catch a thought of what the Governor was going to say to us, but I found all the avenues barricaded and every pump was dry; so I want to show you now and make you believe I am going to say something and yet not say it.

Now, I am not able to tell you all that we feel, Governor Aycock, in this hour. To be thus welcomed by our chief executive, to be thus received in our capital city, fills us with an enthusiasm that will go to our respective homes and will bear fruit in the mouths of our patients.

Dentistry has made progress, indeed—so much so that, to-day, because of the persistent effort in North Carolina and the persistent demand to elevate the standard in dentistry, we are not ashamed to compare dentists with any State in the nation. Work has been progressing beautifully. It is a great pleasure for us to be with you, and Longfellow's oft-quoted lines—

"Lives of great men all remind us
We can make our lives sublime,
And, departing, leave behind us
Footprints on the sands of time"

have been well studied by the dentists of North Carolina. It is not our purpose alone to leave "footprints on the sands of time," but to leave fingerprints in the mouths of thousands of human beings, and heartprints in some loving hearts.

And now, Governor, in behalf of the North Carolina State Dental Society, we desire to thank you and the people of this capital city for this cordial welcome. It is—

"Sweet as the breeze that fans the smiling field,
Sweet as the breath that opening roses yield."

The roll was then called by the Secretary, and the following found present:

Drs. Alexander, Benton, Betts, Biggs, C. A. Bland, Booth, J. M. Boyette, I. N. Carr, Carroll, I. H. Davis, W. Ross Davis, Edmundson, Everitt, Fleming, Gorman, Griffith, Hall, Harper, Harris, Hatcher, Hilliard, H. V. Horton, P. E. Horton, F. L. Hunt, E. L. Hunter, T. M. Hunter, Humphrey, James, Jones, Judd, F. W. McCracken, Matthews, Morrow, J. C. Osborne, J. R. Osborne, Patterson, Perry, C. W. Regan, L. G. Reid, Rominger, Rowe, Satterfield, Smithwick, Spurgeon, Thompson, Tucker, Turner, Watkins, Whitaker, Wheeler.

Dr. Everitt said: Mr. Chairman: I desire to make this announcement: That quite a number are here who are not members of the Society, and the Executive Committee would be glad to receive their applications, so that they can be elected in the afternoon, especially in regard to those who are applicants for license; and if any do not successfully pass, their fees will be promptly returned to them, but if they successfully pass, we will be only too glad to have them as active members of the Society.

Drs. Tucker, Carroll and myself will be glad to receive applications at once for membership, and, while I am up, I desire to state that I see present our distinguished brother from South Corolina, Dr. Teague, and I move to make him an honorary member.

Dr. Griffith: I am very glad that Dr. Everitt has made that motion, and I shall be very glad to have Dr. Teague associated with North Carolina dentistry. He and I were at school and at college together, and while he is a great deal older than I am, at the same time I can tolerate old men occasionally.

Dr. Teague is unanimously elected to honorary membership in this Society.

Dr. Teague said: I would like to express my appreci-

tion of the splendid vote that you have accorded me. I will say that it makes my heart burn with friendliness towards each member, and—you will have to excuse my blushes.

Dr. Fleming read to the Society an invitation from Mrs. V. E. Turner and Miss Turner inviting them and their guests to an "At Home" Friday evening.

By a rising vote the invitation was received.

The President read his annual address as follows:

PRESIDENT'S ADDRESS.

Gentlemen of the North Carolina Dental Society, I bid you Greeting :—

The ever-rolling wheels of time have made another revolution, and we are again favored with the happy privilege of assembling in our annual meeting for the purpose of discussing and weighing matters that pertain to our mutual benefit and the welfare of the general public.

Human nature has ever had a craving for something higher and nobler. For this we strive, plan and hope. And this hope which inspires us is so far-reaching as to anchor within the veil of the future.

To this high and lofty ambition, to these far-reaching plans, and to this never-dying hope, the Anglo-Saxon race to-day owes its acknowledged supremacy in science, literature and art. Its Genius has solved many of Nature's hidden mysteries. It has delved into her secret chambers and brought to light many of her choicest secrets. We whisper to the winds and they bear our messages from shore to shore. We speak to the waves and they bear our words to the submarine boat in the bottom of the sea. We press the button and speak to all the continents of the earth.

The biologist applies his touch of knowledge to the faunæ of the sea urchin, and produces life. With his magic wand he touches the gelatinous nerve fibre—the seat of life—and holds it in his hand to obey his will.

We have practically annihilated space and cut the cords of gravitation, so that we can speak to the millions whom we have never seen, and fly like a bird through the air.

That we may inspire, and be inspired, have we come together in this professional gathering. And where better? Social and professional intercourse are Nature's polishing wheel, by which we are fitted for use. A diamond in the rough has no lustre, but when brought into contact with the polishing wheel, it gives forth its lustrous beauty. So it is in meetings like this : we break off the rough corners of professional egotism and selfishness and become a united brotherhood. The cordial hand-clasp of a brother, and the liberal exchange of ideas go far towards uniting us into that common fellowship so essential to the upbuilding of

our profession. The good is not alone in what we learn, but in the promotion of professional courtesy, and general good feeling one with another.

Because a man is your competitor, should he be your enemy, and not rather your helpful professional brother?

There are countless benefits to be derived from association work which tend to greatly lessen the graver responsibilities which lie along the pathway of the busy practitioner. The influence of personal contact cannot be other than beneficial in moulding, cultivating and stimulating a higher grade of professional character and attainment. Therefore, I am of the profound opinion that local, state and national societies have done more in the past, and will continue do more in the future, for the upbuilding of our profession than any other thing can do.

In view of these facts, let us not allow our zeal or ambition to languish in any particular in pushing forward this most laudible movement. Encourage the younger men, and especially impress upon those just emerging from college the necessity and importance of identifying themselves with us and engaging in Society work just as soon as possible. The membership of this Society should be doubled, and I venture the assertion that if those at home knew the objects and aims of this Society, and the benefits to be derived therefrom, twice or three times the present number would be here to-day.

Dental Societies are the foundation, corner-stone and superstructure of dental progress, and we should deem it a privilege to participate in these deliberations.

These papers which are read here at this meeting, and laid up among the archives of this Society, together with others already stored away there, will be a harvest-field from which future generations will gather fruitful grain. How eagerly has the literature of ancient times been sought and read for the dentistry of bygone ages! This thought alone ought to inspire us to our best efforts on any paper read before this Society.

Among the familiar faces which I see here to-day, there are some who, for more than a quarter of a century, have borne the brunt and heat of battle as the standard-bearers of progress. They have ever been faithful in performing the duties imposed upon them, and have added many self-imposed burdens for the good of the order. They stand to-day among us living sentinels to encourage us and to point us to the delectable mountains of true science, from which we may see the spires of the temple of real greatness.

With these men at the helm, I feel safe in saying that the North Carolina Dental Society will ever maintain the high standard among the profession which she graces to-day.

I point with pride to-day to our own State clinicians who are now awakening new interest in dental prosthesis. We are just approaching a great revival in prosthetic dentistry. Where is the process that has done

more for the conservation of the natural teeth than the cast crown and cast filling? And now, with the æsthetic beauties of the porcelain art added, Nature will eventually be supplied with a substitute even more beautiful than her own.

And, just here, I am reminded of the truth of what Dr. E. C. Kirk has so well said that I quote his language: "The problem that still confronts us, as it has from the beginning, is the cure and prevention of dental caries. The art of dentistry, elaborate and ingenious as it is, has not furnished a satisfactory solution of this perplexing question. The filling of carious cavities in human teeth, by the insertion of metallic restorations, notwithstanding the consummate skill and artistic perfection with which it may be done, is not the highest ideal of which dentistry is capable. Something more is required of us, and must be attained; namely, the development of special knowledge to the point to where we can successfully prevent the bacterial destruction of the tooth structure. This is the problem which the science of dentistry must unfold, and the end which we must furnish the means to attain."

Dental literature is replete with dissertations and discussions on the subject of dental education. But, to my mind, the subject is not yet exhausted. It is still of vital interest to the profession.

I am well aware that it looks like presumption for a society like this to tell college presidents and professors how a college should be conducted, but the time has come when the interests of the profession demand that some things which we conceive to be errors must be pointed out. And, if by agitating and discussing these things among the rank and file of the active practitioners will bring about a change any sooner, we shall feel well repaid for the disapprobation that it will bring upon our own heads.

I approach the subject with a feeling of temerity and conscious inability to ever discuss it as it demands; yet, in view of what has come under my own observation, and in view of some recent criticisms by men who are well qualified to speak on this snbject, I am led to speak.

For a number of years we have heard the cry, "Elevate the profession;" "Raise the standard of dentistry;" but how can this be done while the colleges receive men of so little primary education? How can it be done while there exists so fierce a competition among the colleges? And such a disposition to multiply dental colleges just for the name of the thing? How can it be done while the revenue from students is the only life the college has? Is it any wonder that dental college professors and presidents go around telling young men that they would rather have them from the corn-field than from a dental office? Hence, many dental students take no office pupilage. Many are without a common school education. But the colleges take, and gladly take, all who come.

Remove this condition of affairs, and you will remove the brakes from the wheels of progress in elevating the profession.

For years the profession has been pleading for, and demanding, a

higher preliminary education as a professional requirement to enter college, and yet the academic education of the profession is little raised, if indeed it has not rather gone back. Wherein lies the fault? Our State Boards have been astonished, and almost outraged, at the illiteracy of men coming before them, holding diplomas from so-called reputable dental colleges. You have heard of the splendid attainments reached by men who could not spell the simplest words in the English language correctly. These exceptions prove the rule. If they have attained their eminence without an education, what luminaries they might have been with it?

I say if these dental colleges are to do the work of the academies and high schools, take away the name, take away the charter, take away the competition that they wage with institutions that live up to their published curriculum. I am told that numbers of men are matriculated in our dental colleges whose literary attainments are so deficient as to render them incapable of receiving instruction in the branches laid out as a part of the requirements for graduation. It is a matter of record that only a few years ago, that of the entire number of students matriculated in twenty-four different dental colleges, not one was a graduate from any literary college, and very few possessed a high school education. It is also a matter of record, that out of the first seventeen applicants for service as dental surgeons in the United States Army, only two passed, and a large number of the failures was due to a deficient English education.

How can we build the superstructure of a noble profession when the foundation material is thus deficient? We have often heard the status of our profession discussed, and always there follows the lament that it is not recognized among the learned professions as it should be. How can it be, while these defects exist at the fountain head? Let the colleges require a good literary education, so that the students may have a thorough comprehension of the course. Let the students be qualified to receive instruction, and when they come forth from the colleges, with their diplomas, they will indeed elevate the profession, and this lament will be heard no more. Let every graduate be an educated and cultured man, and you have solved the status of the dental profession.

It is said that a man is always valued at his true worth. This is certainly true of professional men. Honesty, integrity, and professional ability are never underestimated.

The intellectual demands made upon the dental profession are becoming more and more extended, and this demand must be met with competent and well qualified men. There are now forty-eight dental colleges in the United States, and many of these are well equipped. So we see the question is not of establishing more dental colleges, but of raising the standard of matriculation, and improving those we have. It is not a question of extending the course in the colleges. That has been done sufficiently. And the teaching in most of these well-equipped colleges is

well done; but the real fault is at the beginning. Will the colleges correct it? Will they meet the demand? We have a remedy in our State Examining Boards. The State Board can turn down those men who come with their diplomas which have been purchased with money and not with intellectual attainment and practical skill, and force them to find pasture in other States, or go back to the academy and learn first principles. If this is done, the status of dentistry will depend on the high morality and the aesthetic skill of the men who compose the profession.

Some years ago the importance of providing a dentist for the charitable institutions of this State was brought before this Society, but for some reason it was not carried to a successful issue. To my mind the time is now propitious for agitating this matter, and for bringing it to a successful termination. The deaf, dumb and blind appeal to my sympathies more than any other class of humanity. It has been my privilege to work for some of these unfortunates, and of all the people that I ever worked for they appreciated it most. These, together with the orphans in our orphanages, and the demented in the State Hospital, appeal to us in loud humanitarian cries for professional help and relief. And they should not be left to the excruciating tortures of outraged nature, to endure the suffering and lifetime loss, which in reality amounts to a deformity. A most deplorable condition of needless suffering is often found among them, caused by accumulations of tartar, caries, exposed nerves, abscesses, and fistulous openings, discharging vicious puss into every mouthful of food they swallow.

This condition of things should not be allowed to continue. It is a blot on the fair escutcheon of our State that the next Legislature should wipe out by providing dental services for them. It is just as necessary as medical service. The medical profession should be held responsible for the whole matter as it exists today, for they know the need and have not recommended its supply. They are looked upon to preserve the sanitary condition of these institutions, and this cannot be done without the co-operation of a dentist to share the responsibility and to assist in carrying out the work. New York State has already made suitable appropriation, and passed a law whereby most of the State charitable and some penal institutions are supplied with the services of a dentist. Let North Carolina follow in her wake, and be the second State in the Union to show this mercy to their unfortunates.

What would the medical profession think of a surgeon throwing his wound dressings, saturated with puss, into every cuspidor, nook and corner about the institution? And yet, the condition as it now exists in many State institutions is just as bad, and I have no doubt exists in every one of them. Inmates, with large accumulations of tartar, alveolitus, gingivitus, and abscessed teeth expectorate into every cuspidor and every nook and corner about the institution.

This, and other cities. have passed laws to prevent spitting on the sidewalk, but it is of immensely greater importance to cleanse the springs

from whence comes this stream of infectious virus. You might just as well allow the inmate with an abscess or malignant sarcoma on his body to squeeze the puss onto the floor or about the wards as to allow one with a large alveolor abscess to discharge its contents here and there and everywhere. It is even more important that a person with a large alveolor abscess should be taken in hand for treatment and properly followed up than for almost any other form of abscess, for the reason that it discharges its contents into the mouth.

It has been suggested that this need could be supplied by having a dentist visit the institution a certain number of days in each week; but this is not sufficient to bring about the best results. It will be necessary to have a dentist give his entire time to the work. Institutions that are small, and not sufficient to constantly employ a dentist for all his time, should fit up the necessary appliances, and have the dentist give them as much time as may be necessary. Thus, two or three institutions would take up his entire time, and receive benefits that cannot otherwise be attained.

It is well that the sympathies and efforts of the profession have been extended to the soldiers of our armies, but how much more should they be extended to these unfortunates!

I will venture one step further, and say that our penal institutions should have the services of a dentist if it is to be for sanitation alone; for unless the work of the dentist and physician go hand in hand the sanitary condition of these institutions cannot be kept up to what it should be. It is time for ignorance, prejudice and lack of appreciation of our profession to come to an end, and I believe that the time is now come when our profession should take an active interest in this matter, and see that legislation is enacted whereby all State institutions may receive the services of a capable and conscientious representative of the dental profession, so far as their necessities may require. We should do this, not from any selfish motive, but for the general good and relief of suffering humanity. I am well aware that the cry of greed may be and will be raised, and that a vast amount of hard work will have to be done by some one to convince the law-makers that it is not a job or position that is being sought, but a sincere desire to be helpful to unfortunate mankind, for public health and moral good.

The State of Georgia has recently employed the entire time of a dentist for her institution at Murrayville, Ga.

And just here let me say that the same thing may be said in regard to the laws regulating the practice of dentistry in this State. It must not be forgotten, and it should be forcibly emphasized, that the real object and aim of that law is the protection of the public from empirics. If it should be enforced for selfish purposes or for private ends, then it should be repealed; but if this law can be enforced in a reasonable and just way, to prevent the incompetent from gulling a credulous public, then the public should appreciate it, and lend its help to the prosecution of those who

violate it. And I hope that this Society at this meeting will take action to create a fund, of say two thousand dollars or more, for the purpose of enforcing this law.

Many of you know the injury that is done to a patronizing public by the incompetent dentist. Therefore, the enforcement of this State law should go hand in hand with other reforms that we are endeavoring to make.

I would recommend that this Society formulate some plan to encourage the formation of local Societies in different sections of the State, and that these local Societies be asked to co-operate with this Society.

I would recommend that when any person has been a member of this Society, and paid his dues for twenty-five consecutive years, that he be given a certificate of life membership, and that he be required to pay no more dues.

Brethren, the three days in each year devoted by this Society to its deliberations is not too much ; in fact, it is sometimes impossible to cover the programme ; so I trust you will all remain to the close of the meeting so that the full body will be present to consider such matters as shall come before us. We can economize much time by being prompt at each meeting, so as to begin at the time designated by the committee on order of business.

I bespeak the hearty co-operation of every member present, and that will insure a successful meeting.

On motion of Dr. Tucker, the following committee was appointed to consider the President's address: Drs. Carroll, Whitehead, and Hunt.

At a subsequent meeting the committee made the following report, which was adopted:

Mr. President:

The Committee on President's Address beg leave to report, that they have carefully considered the same, and find in it many things to commend to the earnest consideration of the Society. The paper contains many earnest thoughts and suggestions which should be of interest to each and every member of the Society, and its truth, integrity and uprightness should inspire us to pursue, with undeviating adherence, its sound principles. It is full of good sense and deserves to be printed and read by every member of the Society. Its useful and beautiful thoughts reveal the fact of labor, of study, of observation, research and of diligent elaboration.

We wish to direct especial attention to his reference to Society work and the influence of personal contact. His advice on this point is worthy and we hope that the success and result that he hopes for through such wisdom of thought may become inevitable. His appeal to elevate the

profession, raise the standard of dentistry and of dental education is worthy of especial notice and consideration.

We heartily endorse all he says and especially the earnestness with which he insists upon higher educational qualifications for those who seek to matriculate in dental colleges. His effort for a higher standard is in accord with the best men of our profession.

May his timely and wise suggestions on this line begin with sincere efforts, which, by means of perseverance, lead to successful issues. We find the whole paper full of practical thoughts, and we recommend the full publication in the proceedings of the Society and insist that it receive the earnest consideration of each and every member of the Society. We recommend that the Society *discuss* and *act* upon the following suggestions:

1. That we urge the colleges to raise the standard of academic qualifications for matriculation.

2. That the State provide dental service for the inmates of the Deaf, Dumb and Blind institutions and State hospitals.

3. That the Society pledge itself to a more rigid enforcement of the dental laws.

4. The formation of local societies in co-operation with the State society.

5. That any member who has paid his dues for twenty-five consecutive years be given a certificate of life membership and pay no more dues.

Respectfully submitted,

NORWOOD G. CARROLL,
FREDERICK L. HUNT,
C. A. WHITEHEAD.

The minutes of the last meeting were read and approved.

The Annual Essay, by Dr. J. S. Betts, of Greensboro, was then read as follows:

THE SPIRIT OF HARMONY.

With the utterance of that sublime command, "Let there be light," the Creator had already, with the plastic hand of Omnipotence, shaped a universe from formless void, evolved harmony from chaos—and there was "Music of the spheres," and "The morning stars sang together" in pean of thanksgiving to this concordant union of the elements of a perfectly fashioned world.

God is love; God is word; God is the law—that law symbolized in the *areo* of the Greeks, the complete and rounded blending of all the parts of an harmonious whole—from the "hills, rock-ribbed and ancient as the sun," to the tiny needle of grass, impaling a dewdrop on the water's edge.

"How doth thy wondrous skill array
The earth in cheerful green!
A thousand herbs thy art display,
A thousand flowers between.

"The rolling mountains of the deep
Obey thy strong command;
Thy breath can raise the billows steep,
Or sink them with the sand.

"Thy glories blaze all nature round,
And strike the wond'ring sight,
Through skies, and seas, and solid ground,
With terror and delight."

Suppose that some rude Titanic hand had beaten down the marvelous arabesque of the wonderful palace of the Alhambra, exquisite type of Moorish civilization in Spain; or that, in a "battle of the giants," had been torn away one white wing of the Taj. Mahal in India, the marble tomb of Moor Jehan, the "Lalla Rookh" of Thomas Moore; or that the earthquake shock had cleft with yawning seam column and crypt and arch of Westminster Abbey, monument of the genius of Sir Christopher Wren; or that an impatient, unskillful brush had marred the delicate coloring of De Vinci's "Last Supper," or Raphael's "Madonna;" or that the violence of passion had wrought discord in the symphonies of Beethoven or the stately measures of Wagner; it would be a temple fallen in ruins; an awakening from a dream of beauty; the lute of Orpheus or the lyre of Apollo broken.

It is not so with the work of God's hand, whose footstool is the earth, his temple its mountains, his canopy the firmament, with the smiling plains for Oratorios, and the sounding corridors the long vistas of curtained forest and embowered glade. All, all, from Himalaya's vast heights of untrodden snow to the tiny builders working deep down and in silence on the coral reefs of the Tropics, alike proclaim:

"The hand that made us is divine."

"Take the wings of the morning,
And the Barcan desert pierce,
Or lose thyself in the continuous woods
Where rolls the Oregon,
And hears no sound save his own dashings:"

yet the wisdom, and the majesty, and the power of the architect are there, gemming the sky with stars, carpeting with lillies the field, veiling earth's lofty heights with clouds.

If harmony in physical nature weaves fair pictures, how much more beautiful is it in the intellectual and spiritual life of man. We caress with tender hands and sheltering arms chubby infancy and fair childhood;

we exult in robust youth, bounding like a young god up the stairway of life, "Excelsior," his motto, and all earth's golden prizes his goal; we honor the strong, upright man, beautiful in stature, grand and heroic of soul, made in God's image, his achievements bounded only by his finite being. What hath he not wrought! The impress of his genius is on the ages—from the crumbling columns of Luxor on the Nile to the little station on the Atlantic Coast, where Marconi flashed his silent, wireless message across the sea's "boundless immensity." Bodily, he is the grandest type of God's material creation—the gladiator of the arena; inspire that noble form with the cultured mind, and he floods the earth with the splendor of his deeds, building principalities, advancing commerce, hastening the step of civilization to the uttermost parts of the earth; consecrate that towering intellect with the spirit of God's grace, and humanity rises up to call him blessed. John, Duke of Marlborough, at Blenheim and Malplaquet is no nobler type of man than John Howard the philanthropist among the poor of the slums; Bonaparte, striding across Europe from Italy to Moscow, is no more the hero than Robert Raikes, teaching the catechism in the Sunday School. Truly this is God's image—a well rounded harmonious, physical, intellectual and spiritual life. Nothing is more pitiable than its decadence, its falling away from its high mission—a prey to the ignoble passions:

> "This noble and most sovereign reason,
> Like sweet bells jangled, out of tune and harsh."

> "The rift within the lute,
> That by and by shall make its music mute,
> And, ever widening, slowly silence all;
> The little rift within the lover's lute,
> Or little pitted speck on garnered fruit,
> That, rotting inward, slowly moulders all."

The twentieth century, brim full of the fruits of intellectual effort, offers such opportunities as man never before enjoyed of attaining perfect harmony in his intellectual life, and nowhere are these golden opportunities more liberally bestowed than in this proud old commonwealth of North Carolina. We have a Governor with a mission—not to lead a party, but to lead his people out of the wilderness of ignorance up into the light of the highlands and green pastures of education; we have a Chief Magistrate who has organized a crusade—not to sack cities and storm fortifications; but, from the rocky fastnesses of the western border to the storm-beat coast of the east, to invade the cottage of the mountaineer and the humble home of the tide-water fisherman with the blue-back speller and the old field reader. No nobler object ever enlisted heart, brain and hand of man. Let North Carolinians rally about this brave man with the banner at the front; let this be their Shibboleth: "Aycock and Education"; and, in after days, when men point with pride

to the lofty type of citizenship of the Old North State, it shall be said: "They owe it to the Son of Wayne and the campaign of Education of 1902."

> "Be of good cheer, brave spirit, steadfastly
> Serve that low whisper thou hast served, for know
> God hath a select family of sons
> Now scattered wide through earth—and each alone—
> Who are thy spiritual kindred, and each one
> By constant service to that inward law,
> Is weaving the sublime proportions
> Of a true Monarch's soul."

Since, in the realm of physical nature, from the creation down to this glad hour, the spirit of harmony reigns supreme, weaving fair pictures to the delectation of man and proclaiming as Divine the Hand that ordered each planet to take its place; since, by a wise and judicious arrangement of the curricula of our schools and colleges the intellect can be so exercised and trained in even and harmonious advancement that as the sparkling gem it scintillates and flashed rays of brightest thoughts that quadrate with all that is high and good and pure and ennobling; and since, in the warfare that is now being waged against illiteracy in our State, it was necessary to thoroughly organize the forces and foster the spirit of harmony in order that the results so much to be desired might be accomplished; then it must follow that in every movement in church or State, in every organization, professional or commercial, there must be appointed or elected leaders with a corps of helpers and advisers whose united aim and purpose shall be to promote the interests of such movement or organization.

From year to year, in our Dental Society we elevate to the office of President one of our number who, in our opinion, is best suited to marshal the forces and plan for a beneficial and harmonious meeting; he appoints his committees on various subjects and advises them to the best of his knowledge and ability as to how to proceed in obtaining a full and helpful discussion of each subject, hoping that at the close of his year of official service the Society shall have marked another milestone of real progress. Do we as members give him and the Chairmen of his committees our full and sympathetic support? Do we work in a spirit of harmony towards the end so much to be desired? Are we, as individuals, jealous as to the honor and interests and welfare and progress of our profession, and are we ever ready to make sacrifice, if necessary, of time and means that we may present something of interest and benefit to the profession? Or are a few of us content to be listeners and lookers-on when we have the ability, if not the inclination, to discuss subjects of vital interest to the profession? And do not a few of us not only refuse to lend our help and sympathy but actually clog the wheels of progress? Do we not sometimes criticize unkindly others of our number who are imbued with

the spirit of progress and are active and enthusiastic in the work they do looking to the upbuilding of the profession?

Are there any among us who are held back by a spirit of petty jealousy from lending sympathy and support to the movements inaugurated by others who are known to be men of proven ability and wise judgment?

No organization can long exist and maintain a healthy and commendable spirit of progress that has not in it leaders and shapers of its policies; and, in order that the best ends may be accomplished, the membership must lend sympathy and support in a spirit of harmony.

Let us lay aside any and all hindering causes, of whatever nature, and bend every energy unitedly to bringing and keeping our Society to the high-water mark of harmonious activity that characterizes the commercial and educational and political world about us.

On motion of Dr. Fleming the following committee was appointed to consider Dr. Betts' Essay: Dr. C. A. Bland, Dr. L. G. Reid, and Dr. F. L. Hunt.

The following names were proposed for membership and elected at the following meeting: Jno. H. Brooks, H. D. Harper, Jr., H. H. Walters, Geo. A. Carr, C. F. Smithson, I. W. Jameison, R. E. Ware.

On motion the following gentlemen were appointed committee on Necrology: Dr. F. W. McCracken, Dr. E. J. Tucker and Dr. R. H. Jones. At a subsequent meeting they made the following report, which was adopted:

Mr. President and Gentlemen of North Carolina Dental Society:

Your Committee on Necrology beg leave to submit the following report:

We have been called to mourn the death of three of our valuable members, Doctors C. J. Watkins, of Salem, N. C.; C. T. Hawes, of Wilmington, N, C., and Mr. J. W. Selby, of Atlanta, Georgia. In the death of Drs. Watkins and Hawes the Society has lost two of its active members, who were always ready to contribute to its success and advancement. Mr. Selby, though an honorary member, had endeared himself to the members of our Society, by his engaging address, his courteous manners, as well as by his willingness to assist in all that tends to our advancement as a profession. Therefore be it

Resolved, That while we deplore their loss, yet we cherish their memory and bow in humble submission to this dispensation of Providence.

Resolved further, That we tender to the bereaved families and friends our deepest sympathy in their affliction. And that a copy of these reso-

lutions be spread upon the minutes of our Society and a copy be sent the families of the deceased, and also published in the dental journals.

E. J. TUCKER,
R. H. JONES.
F. W. McCRACKEN.

The resignations of Drs. M. D. King and W. H. Edwards were read by the Secretary and also an advertisement of the Philadelphia Dental Association, Greensboro, N. C. Referred to committee on Dental Ethics.

The Secretary read a letter from Dr. Foreman, as follows:

Mr. President and Gentlemen of the North Carolina State Dental Society:

Circumstances, which I could not control, have prevented my attendance upon your meeting; and as I am unwilling to hold membership in any body and not do my part of the duties pertaining thereto, I regret to have to ask to be permitted to resign. By accepting my dues to date, transmitted herewith, and granting the privilege requested above, you will greatly oblige,

Yours very respectfully,

J. W. FOREMAN.

Asheville, N. C., June 17, 1902.

Dr. Griffith said: I move that it be accepted. It is a loss to this Society to lose a man like Dr. Foreman. Accept his resignation with regret. I move that the Secretary be authorized to write him a suitable letter, expressing the regrets of the Society at losing such a man.

The motion is carried.

Another letter was read from W. H. Edwards, and an advertisement from paper was also read.

Dr. Everitt said: I desire to make a statement in regard to resignations. I wrote Dr. Edwards, on receipt of resignation, that his resignation would be accepted, subject to the approval of the State Society, provided further, that he was square with the Treasurer. He has not yet squared himself with the books. You will observe another point: This letter of resignation is written, dated on the 8th of January, and his advertisement from and after the first day

of January, that is, went into effect. I move that the resignation and advertisement be referred to the Committee on Ethics.

The motion was carried.

Dr. Tucker, rising to personal privilege, said: I want every member of the Society to hear what I have to read and say. After reading a letter signed Dr. S. E. Thompson, Durham, N. C., he continued: On receiving the letter, I wrote the chairman of the Executive Committee, consulting him as to what was the best course to pursue. Dr. Tucker read his reply, also another letter of Thompson's, and left the matter to be approved or condemned by the Society.

Dr. Everitt said: Dr. Tucker was very kind in sending me a letter requesting advice. I endeavored to give him the very best advice of which I was capable at the time. I think I afterwards wrote him a second letter, perhaps modifying the first advice I gave to him, and I want to say, sir, that I am glad that Dr. Tucker stood up, not only for himself, in a manly way, but in a professional way, as President of the Society. But, just at this point, I want to carry out another idea; while Dr. Thompson says that he is equal to any other man, that letter written there is not by himself but by an attorney, and it shows that he is unfit for the profession. I think that Dr. Tucker should be commended by every gentleman throughout the State for the manly course he has taken; and I move, sir, in order to bring the circumstances up before the Society, that Dr. Tucker's action in this case be approved.

The motion was seconded.

In the discussion Dr. Jones said: As a member of the Examining Board, I wish to say that it is not necessary for me to make a statement. I consider Dr. Tucker's statements most appropriate, and he said nothing but the truth.

Dr. Tucker said: Every member of the Examining Board has written me letters of support in this matter.

Dr. Osborne made a few remarks, which were very pertinent and characteristic of the man.

Dr. Turner said: I wish to say a few words in regard to the letters just read, which, briefly stated, are to the effect that I am in favor of adopting the motion in support of Dr. Tucker's action in regard to this matter.

Received unanimous vote of adoption.

Reports of committees were asked for.

Dr. Turner spoke of the Committee on Text Books, and moved that the committee be given more time.

Dr. Everitt said: I think this Society ought to defray the expenses of the committee when they are giving their valuable time in preparing work of this character, and I offer an amendment to the motion that has been made: That the traveling expenses of the committee be paid by the Society.

Dr. Matthews moves that this committee ought to have in addition a per diem.

On motion of Dr. Matthews the Committee on Text Books was granted further time, amended by Dr. Everitt, that the traveling expenses and a per diem of $5.00 be allowed.

Dr. Harper, in speaking of Dr. J. H. Benton's bereavement in the loss, by death, of his daughter, said: He joined the Society in '91, and since that time he has missed only one meeting of the Society, and that was caused by the serious illness and subsequent death of his son. Now, in view of his faithfulness to the Society, as a mark of our high regard for him, I move that the Secretary be requested to send him a telegram of sympathy.

The motion was carried.

Treasurer read report as follows:

TREASURER'S REPORT.

Amount on hand last report	$147 79
Received for membership	55 00
Received for dues	183 00
Total	$ 385 79

DISBURSEMENTS.

Paid janitor at Morehead City	$ 5 00	
" Dr. H. D. Harper, superintendent of Clinics	1 50	
" Miss Ellington, stenographer	47 00	
" Dr. Spurgeon, salary, stationery, etc	65 56	
" Dr. Tucker for Noel Brothers	4 00	
" Dr. V. E. Turner, Representative	74 50	
" American Bonding and Trust Co	10 00	
" Uzzell Brothers	19 50	
" The Seeman Printery	76 30	
" Esell, for printing	6 50	
" Treasurer's salary	25 00	
" Dr. I. N. Carr, Pub. Com	25 00	
		$359 86
Balance on hand		$ 25 93

D. L. JAMES, Treasurer.

The Society adjourned until the afternoon session.

FIRST DAY.—Afternoon Session.

Pursuant to adjournment, the Society was called to order by the President at 3 o'clock p. m.

Committees are asked to report.

The committee appointed to audit the Treasurer's books and examine his report submitted the following: We beg leave to report that we find them both correct.

F. S. HARRIS,
I. H. DAVIS,
C. F. WHITEHEAD.

The report of the Auditing Committee was received and the committee discharged.

Dr. Turner said: As representative to the National

Association, I must acknowledge the compliment that was paid me on that occasion in being appointed representative to the National Association of Dental Examining Boards. I took occasion, *en route* to Milwaukee, the place of meeting, to stop at the meeting of the Southern branch of the National Association at Nashville. I got in with the boys at Nashville, it seemed, at a very opportune time, and they seemed to be kinder laying for me; and they came very near laying me out before they got done with it. The weather was delightful and the refreshments were first-class and the discussions were refreshing. And I have to say, so far as the Southern branch of the National Association is concerned, it is an organization the meetings of which every man ought to attend. It is an experience which, perhaps, you do not have more than once in a lifetime. However, with a few congenial spirits, after the adjournment of the Association at Nashville, we proceeded to Milwaukee—that place of beer and Schlitz—that perhaps is unrivaled in the history of the Western country. I got there in time to attend the opening session of the National Association of Dental Examining Boards, and I found that there was one question of the most vital importance which was agitating the dental men at that time, and that was the forgement of diplomas that had been issued by a college in Chicago, some of which had been endorsed by some members of the Board of Examiners of the State of Illinois. I proceeded in my annual address to call attention to the fact that in the past an American diploma occupied a very honorable position in almost all of Europe, and particularly in Germany, but for the last year or two there had been diplomas issued by colleges in Chicago which did not require the ordinary studies that should be required in the American colleges. In fact, their diplomas were bought and sold in the market, as we do fish and other things.

In my address to the National Association of Dental Examining Boards, I asked the Association to look into

that matter, and as a result a committee was appointed. Dr. Reid, of Chicago, chairman of the committee, was particularly active in the matter, and brought before us Mr. Worman, the American Consul at Munich, who had to deal with these matters. He had examined a great many of these fraudulent diplomas, and he made a very clear exposition of the plans and tricks of these persons who had bought diplomas in Chicago, many of them who had probably never been to America.

In this report of the Committee upon the President's Address it developed that quite a number of men, young and old, who had simply come to Chicago and become affiliated in some way with the dean of the faculty there, who is a German, and by paying a certain amount of money he could not only get his diploma from this college, but he could also get the endorsement of two or three members of the Examining Board of Illinois; and it so turned out that there was no rule of the Board nor any provision in the law of Illinois which designated the number of examiners who had to sign a diploma or license in order to make it legitimate. We had a full report from this committee, and as the result, doubtless many of you have seen, a number of the Illinois Board were arrested and prosecuted for fraudulent recommendations of these diplomas, and the dean of this faculty has been prosecuted also and the members of the Board have been, nearly all, removed by the Governor; and they feel now that they have about purged the State of this fraudulent enterprise which was carried on to the great detriment of American diplomas. It is a matter of fact and pride to us to know that up to that time the American diploma was a sufficient recommendation in Europe for any man to enter into the practice of dentistry and to secure the confidence of the public. But this particular trouble, which originated about two years ago, has made the people of Europe very suspicious of American diplomas, and the result of it is that it has affected every

man who has an American diploma and undertakes to practice dentistry in any of the kingdoms of Europe. We feel now that, with the aid of the Dental Faculties' Association, we have gotten at the root of that particular trouble, and that there is a possibility that American diplomas may be more respected in Europe than they would have been except for this action.

I am glad to say that I felt while I was in Milwaukee that the Dental Examining Boards were acquiring an influence in the country which portends great good to the profession. There was an interchange of ideas upon the subject of such examinations as might develop the competency of applicants, and there was a great deal said concerning many points in examinations which will be interesting, perhaps more particularly to members of the Board of Examiners.

I am satisfied that this organization of the National Association of Dental Examiners is a body which may do a great deal of good if they are properly supported by the Dental Societies, and I would say right here that in my remarks to the Association of Dental Examining Boards I made this point: that every member of the Dental Society should be directly interested in the selection of proper men for the Examining Boards, and in sustaining upon the Examining Board men who would conscientiously discharge their duties, not only to the profession, but to do justice to the applicants. I feel that there is a great field here. Standing, as the Examining Boards do, at the very door of the profession, they are responsible for the admission into the profession of every man who proposes to practice dentistry. It is a matter of great importance that men of thought—men of advanced thought—should occupy these positions, and men who are known, men who are believed to be conscientious in trying to do justice to both sides, not only to the applicant, but to the State—to the people whom they represent.

I am very glad to say that our State Society has acted

very wisely in this matter, and has manifested such confidence in those men who have been appointed to discharge that duty, that they have made very few changes. I think that that is a very sensible thing, because a man cannot be an examiner naturally. It takes experience in examining as well as it does many other things in this life, and the fact is that the examination of today is not the examination of ten or even five years ago. There has been made great progress in teaching, and the requirements made by the Examining Board of the applicants is far in advance of what it used to be a few years ago.

The opportunities for preparation have been very much greater; and I feel, too, that whereas the applicants have not increased materially in North Carolina, still I say this thing with reference to the National Board of Examiners, that there is—we of the Examining Board feel—a higher order of preparation on the part of the student which comes before us than there ever has been. There is a greater degree of accuracy in detail which these young gentlemen observe, which is a matter of great gratification to the Board.

I thank you, gentlemen. I do not know of anything else that would interest you.

The Committee on Essay made the following report:

In behalf of the Society we wish to extend Dr. Betts our thanks for his scholarly essay. It shows much painstaking research, and has given us many valuable points for consideration. We congratulate the essayist on the choice of his subject and his admirable manner of presenting it.

CHAS. A. BLAND,
L. G. RIED,
F. L. HUNT.

By unanimous vote the report was accepted.

Dr. Everitt requested that the Society call on Dr. Hubert Royster to address the meeting.

Dr. Royster said that he had hoped not to be seen, having hid himself behind one of the curtains in the rear of the

room, but that he wished to add whatever he could to the very eloquent welcome which the Governor had given to the dentists of the State. He extended a welcome on behalf of the medical fraternity of the city.

Continuing, he said, in part:

"In most towns in which you live the dental profession and the medical profession are on good terms and always should be. Their interests are mutual and their affairs are always to be taken together, socially, professionally and personally. I might say that it is not necessary for me to refer any more to the close relationship of the dentist and the doctor. It is apparent to every one that it is necessary for a physician to know dentistry before he can be a good physician. It is necessary for the surgeon to have the same rule apply to him. How can a man, unless he knows the bacteria, etc., of the mouth, the formation of the jaw, and the different diseases of the gums, how can he be a successful practitioner of medicine? On the other hand, it is necessary, very necessary, for the dentist to know a great deal about medicine and surgery. It is becoming more and more necessary that the dentist should be a physician, because I believe—and I think every one of you also believe—that dentistry is a specialty of medicine, just as the eye, the ear, nose and throat, are specialties of medicine. All dentists must know all about surgery of the mouth and a great deal about the surgery of the rest of the body. He must know every thing about bacteria, about surgical technique, about the use of antiseptics and other drugs; he must know the influence of different diseases upon the teeth and the surrounding parts; in short, he should know the human body as a whole before he can successfully attend to the disease of one part. In the mouth and all its structures, he is interested. Dental education is receiving just the same attention that medical education is now; that is a scientific trend upward. It must be so. The first step towards that is the attention to the entrance examinations for dental colleges and for entering the dental profession. The rudimental education necessary for the practice of dentistry is being elevated. The requirements are being made more strict; and this is as it should be. The same difficulties will be met with in your work as have been met in trying to advance the cause of medical education and the preliminary requirements for that. I may say that, on general principles, all the dentists that I have come in close contact with have been men who have had preliminary education, and the successful ones have shown that in a large degree. And when I say successful, I mean from a scientific point of view. I am always tired of hearing people say how much money he can make in his profession. It does not take brains to make money but it takes tact; but it takes brains and plenty of it to make a scientific success in many fields.

"I may say now that I am a little more interested in dental education

because I am associated with the launching of a new department in the medical college in this State—The University of North Carolina having decided to establish a graduating department here in addition to the two years' course at Chapel Hill. The department here will begin just where they leave off and take the next two years here. I say I am more interested, because of this connection with the school, and it is my very fond hope that in less than twelve months we will hear the news of the establishing of a dental department in connection with this college. I believe it is coming, and I want to say publicly that I think that soon plans will be on foot for the establishing of such a department, and I believe every dentist in North Carolina will recognize its needs. First, it will be a success with the University backing it; and second that they will support it in every way possible. I believe they will find it beneficial; I believe it will be one great entering wedge for dental education in North Carolina, which needs building up, as does that of the medical professson."

Dr. Hunt read a paper on Prophylaxis, as follows:

PROPHYLAXIS.

In reviewing numerous text-books and dental journals, I was amazed to note the comparatively little space given to the subject of Prophylaxis. One must also be astonished at the numerous methods of treatment and cure for the large number of diseases that occur in the oral cavity. It would seem almost as though the very idea of preventing a disease had been overlooked or neglected in order that the dentist might have the disease to treat, and, I hope, to cure.

Still, on the other hand, the excuse to be offered is the fact, that, in most cases, the disease is presented to the dentist and not the condition causing it. However, the dentist should be more on the alert, cognizant as he is, of the ultimate result of those conditions which are found in so many poorly kept mouths.

The treatment of those conditions alone, or the prevention of disease, will give practice to a great number of the so-called overcrowded profession.

Dentistry of today must not, and cannot, be confined to the simple operations of filling teeth and making artificial dentures. To those who confine themselves to this narrow scope it may well be said that practice is limited and divided among an overcrowded profession.

As Dr. Barrett has said, "The proper remedy for a stream that overflows its banks is to widen and deepen its channel, instead of attempting to dry up its waters."

Preventive measures offer unlimited fields to the scientific practitioner of dentistry.

Complications more intricate than have heretofore been recognized are constantly arising, which, if not promptly met, are disastrous in their

results. Intelligent persons are becoming more and more fully aware of the necessity of preserving the natural teeth in normal condition. Today the preservation of the tooth is appreciated as much by the intelligent patient as by the intelligent dentist.

Without the prophylactic measures already instituted, the human race would not exist a year.

Yellow Fever is almost unheard of, due to the strict quarantine laws and thorough disinfection ; Small Pox, as a disease, is reduced almost to a minimum through vaccination ; Leprosy and the Bubonic Plague are controlled, not by successful treatment and cure of the diseases, but by preventive measures entirely.

While these examples deal with the life or death of human beings, the preventive measures which the dentist is called upon to successfully carry out deal with the life or death and loss of those millstones with which Nature intended us to grind for our daily use the grist of life. Without them, or with them in a diseased condition, not only is our comfort destroyed, but our life imperilled ; hence the necessity of Prophylaxis.

For the preventive treatment the dentist is entitled to a fee proportionately as large as he would receive for inserting a beautiful piece of bridge work.

The very first cause of diseased condition of the oral cavity may be traced to the lack of knowledge on the part of the mothers in regard to pre-natal condition and the true conditions as they should exist at certain stages of childhood, as to the age at which temporary teeth are normally erupted and lost; the importance of preventing the decay of the temporary teeth and their preservation until Nature is ready to expel them by a normal physiological process, and the absolute importance of cleanliness. For the last mentioned there is no excuse—it is unpardonable. "As the twig is inclined so the tree will grow." Habits formed in childhood will become part of the daily routine of adult life.

The responsibily of common cleanliness of the mouth and teeth rests with parents. The dentists should not lose a single opportunity of impressing this fact upon the fathers and mothers whom they treat professionally—it is their duty. Kirk is the authority for the statement that children's teeth should be cleaned from the time they are erupted. He suggests that this be done by means of a sharpened piece of felt.

Recently I had the opportunity of examining the teeth of the pupils of the Biltmore Parish School. It is astonishing to see the number of decayed temporary teeth and the comparatively few children who had ever cleaned their teeth until recently. I took pleasure in impressing upon them the necessity of cleanliness of the oral cavity, and the reports of their teachers in regard to the improved condition is most gratifying. Many of them had never been to a dentist. What they require is to have their attention directed to their needs. And right here I desire to speak a good word in behalf of the movement to introduce into the schools

text-books containing chapters on Dental Hygiene. With these boosk and conscientious teachers is struck the key-note of Dental Prophylaxis which shall resound to the eternal glory of the faithful and conscientious dentists who are laboring for the good of mankind.

In cleanliness we have struck the harp-cord of Dental Prophylaxis as well as of disease in general. By cleanliness I mean antiseptic cleanliness. All tissues of the body under conditions of cleanliness are in the state of highest vitality.

It is a well-known fact that the mouth is one of the most favorable breeding places for bacteria; and since the active use of antiseptics and germicides have proven conclusively that bacteria are the cause of disease, it is evident that conditions which render sterile these breeding grounds must be obtained.

To accomplish this end mechanical means must be resorted to, to remove all fermentable substances from the inter-proximal spaces and sulci which cannot be kept smoothe and clean by the action of the lips, cheeks and tongue. The starchy, fermentable foods most easily find lodgment in the pits and sulci as well as in all roughened placed wherever located, and are the most difficult to remove, requiring mechanical means entirely. Antiseptics sterilize the mass of fermentable substance superficially only, thereby leaving the micro-organisms to work their destruction in the darkest depths, free, unmolested and destructive. Not only does this uncleanly condition of the oral cavity effect decay of the teeth, but it is a prime source of many local disorders of mucous tissues, as well as systemic disturbances. Here again I may allude to the lack of knowledge on the part of the mother.

Nursing babies' mouths are frequently left in an unclean condition, causing fermentation and consequent formation of lactic acid, which is allowed to find its way into the delicate little stomach, causing infantile diarrhœa and like disturbances, leaving the little sufferer in a weak, emaciated condition, with a lowered standard of vitality. Here is caused a drain upon the whole economy of the system, and the developing teeth are not excepted. Special foods may be advocated as necessary to the proper assimilation of the tooth structure, but first of all, we must have a good, sound digestive apparatus or the assimilation must necessarily be incomplete. The whole organism must work in perfect harmony. Foods especially adapted to one thing or another, in my opinion, are not especially necessary, though good, wholesome food, contributing its little part to all the tissues of the body, is necessary. "The use of an organ determines its strength," therefore, use such foods as will require the active use of all the organs of the digestive apparatus. But even with this, cleanliness must not be overlooked. Only by the most thorough and conscientious cleaning with tooth-brush, tooth-picks, waxed-floss and antiseptics, can the fermentable, starchy foods be removed.

Miller places but little value upon powders, unless they are entirely soluble, but prefers soaps which will saponify fatty substances. There

are many who claim that this fatty mucous covering of the teeth is the most fertile breeding ground for the destructive bacteria; hence, that being the case, its removal is imperative. Besides the mechanical cleansing agents, antiseptics must be used, those which not only destroy germs but give tone to the germ-infected area, bringing them back to good, healthy conditions. What scientists are constantly searching for is a substance that shall effectually kill germs without destroying tissue.

Dr. Samuel A. Hopkins, in a recent paper, advocates the adoption of certain foods of diet, such as will give to the organs their highest standard of vitality. To my mind, such a treatment is entirely logical, as disease can only attack tissue successfully when the vitality of that tissue is lowered. The highest standard of vitality is the greatest proof against disease; in fact, it is practical immunity.

If I have succeeded in directing the attention of the dentists of North Carolina to the greater need of Prophylactic treatment, I shall feel fully repaid for my effort.

DISCUSSION.

In discussing the paper Dr. Rominger said: I think this is a subject that ought to be discussed much more than I have ever heard it discussed in our meetings, for surely our greatest work is to preserve the health of our patients. The physician who prevents diseases has done a greater work than the one who has overcome diseases. The dentist who avoids, by his instruction to his patients, the beginning of caries has done a greater work for humanity than the dentist who has restituted that caries by mechanical operation. Now, it is a question how we shall best instruct our patients along the line of prophylaxis. It is distressing, and I am sure that ever one here will bear me out in the assertion I am going to make—it is distressing to see how persons neglect their teeth. I remember so well the expression of Dr. Johnson before the students while I was in the college; he said it was just as impossible for a person to have good health with a filthy mouth as it was to keep a wheel of an engine in motion when it is not oiled. It is revolting, to say the least, to look into the mouths of some people; and to see the adjacent gums and mouth filled with bacteria all the time is disgusting! We ought, by some means, instruct our patients along the line of cleansing their

teeth. I have thought that we might make somewhat of a campaign of education also. I think Gov. Aycock is doing North Carolina a blessing which will tell in the ages to come in his campaign of education. It lies within our field of usefulness to educate the people in our profession along the line of prophylaxis; and I know not better how it can be done than for every man to feel himself an appointed lecturer to give some lectures before the schools. I am sure that the school faculties would be glad to have a reasonable number of lectures before the school children and before the teachers of our schools, and I know nothing that in my judgment would bear greater fruit along this line; and by judiciously carrying out this plan, what benefits we could render to humanity! I have in my mind to introduce a thing of that kind in my own town. Now it is not in my mind to enter into details among you dentists as to what is the best method of keeping the mouth clean. Here is not the place to expend that energy. You know how to clean your mouths as good as I do, so it would be foolishness for me to go through a detailed speech here telling how to cleanse the mouth. But it seems to me that I will accomplish more if I address myself to educate the laity and instruct our own children and our own patients us to the cleansing of the mouth, and to the importance of it, their religious duty of it, if you please, because we have not the right to neglect our bodies, and hence it lies a matter of duty that we owe to ourselves and humanity to cleanse the mouth and instruct our patients along that line.

Now, Mr. President, as I have introduced the subject, we would like to hear from Dr. Everitt.

Dr. Everitt said: I have listened to the paper read by our friend, Dr. Hunt, and I enjoyed it very much. I think he is on the right line. I enjoyed the talk of Dr. Rominger, as I always do. He is one of the few that always says something when he talks; always hits the nail on the head, and as he says, it is useless to spend our time and energies

here talking to the doctors of the profession who are supposed to be thoroughly up in the treatment of all diseases of the mouth, particularly upon prophylaxis. As he says, it is with the laity and we are the educators, educating that class of people who know least about it; and the best place to educate them is in the private office of each individual operator. I can say with truth that I seldom have a patient in my office that I do not either commend them for the cleanliness of the mouth or lecture them for the uncleanliness of the mouth. I always make a point, if their mouth is nice and sweet and clean, to commend them for it; and I put it on so vigorously when they are not clean and sweet that they are ashamed to come to my office again with their mouths in that condition. And it does me good to see patients keep their mouths in a clean condition and free from bacteria. On the other hand, I had a party in my office yesterday afternoon whose mouth was absolutely so filthy that I told him I did not think it was proper to make an examination until he had put his mouth in a better shape from a sanitary standpoint. I do not mince matters in cases like this one, and I generally mean what I say about such things. And I hope that each member of the profession will make it his duty to encourage those who do give their mouths proper attention and lecture severely those who do not; and that is the only way I can see to educate them. The idea of lecturing at schools I highly endorse. But the unfortunate larger majority of children are not able to consult the up-to-date dentist for fear they might have to pay a consultation fee, which they are not able to pay, and the only way I know of reaching those people is for a dentist who has the inclination and has got his heart in his work, to make, by special arrangement with the superintendent of pnblic schools, an appointment of half an hour or an hour some day in the week or month and go there and give them a real strong talk on the care of the teeth. You would be surprised to know the amount

of good that would be accomplished. I have often thought that I would undertake it, as Dr. Rominger says, but I have neglected to do it, as my time is taken up so completely, but a great deal of good can be accomplished by it. I hope this Committee on Text-books will be able to get the book out this year or before our next meeting. I think great good will be accomplished by it. Certainly so, if we can get it introduced, as a text-book, in the schools. I think it will accomplish a great deal of good.

Dr. Crenshaw said: If you would ask me to name the subject of most importance to us as practitioners, and to the public, I should have taken that of Prophylaxis. I have been thinking over this subject a great deal; and I believe that it is more necessary to understand it than almost any other one subject that we can mention in connection with dentistry. I hardly know where to begin with it. The task is so great a one, and the progress is so slow, so poor, the result so unsatisfactory in the effort we are making, or have made, at getting the laity properly educated along this line. Few understand the importance of proper cleanliness of the mouth and of the teeth. I hardly know what to suggest, but I have been thinking for the past few days that certainly some man will come forward before a great while with some method of cleansing the teeth that will keep the teeth clean. I do not take the flattering unction unto my soul as a dentist, and I do not think we should as a body of men, that our mouths are clean and our patients' are not, because I see into the mouths of dentists occasionally, and I am actually ashamed of the dentists generally in this respect. We do not half keep our mouths clean, and we talk to our patients about it when our own breaths are so disagreeable that I do not know what they think—I am afraid to ask them. But I do think it is one of the most important things that is likely to be discussed here. I do not think we can discuss this too much. I do not think that we can feel that a great obligation on us is dis-

charged until something has been done that will bear good and lasting results. I believe we could do a great deal more than we have been doing if we would make a little effort on this line. The means here suggested for accomplishing this is in the right line, but they are not strong enough.

We were speaking about the text-book: that would be an excellent means, if you could get that in the public schools. We are wrestling with that proposition in Georgia now. The text-book is prepared and yet not adopted by the schools. We do not know whether we can get it in the schools or not. We have got to run the gauntlet of the Legislature before getting it in the schools. If you will read the matter prepared by Dr. Chapple, you will be awakened, I must think, to the importance of this cause. He touches the matter pretty strongly, and if we can awaken the interest, and get the children started to cleaning their teeth thoroughly, I think they will soon be in advance of our profession. We are not doing our duty as dentists for ourselves in the matter of cleaning our teeth. I hope the good work will go on until some successful solution of it shall be had.

Dr. Turner said: I am glad to see that there seems to be a unanimity of opinion upon this subject of Prophylaxis. It is to me one of the most interesting subjects met with in my practice; and with the object in view, which this book has, which the Society has thought proper to have written, I feel this, that as a rule we as dentists, have not been so vigilant upon this subject as we should have been from the fact that we know, as a scientific fact, not as a mere conjecture, not as somebody else thinks, not as somebody else has said, but we do know that, with a perfect purification of the mouth, decay would be retarded to such an extent that the dentists' occupation would be almost nominal so far as repairing the damage of the teeth is concerned; this is a scientific fact. There is no use to say it is impos-

sible to do this. Now, then, the question is, What can we do as a profession? I think about this subject a great deal, and I have frequently talked to my patients about it. I do not see how we can get at the class of people that are to be most benefited, because we all know that the more wealthy or well-to-do class of people send their children to the dentist, that we might with fairly good success have our directions complied with; but you take the poor child, take the child who has no access to the dentist, and how does she know, how does her mother know, how does her father know, what is necessary? We know that with many families it has not been the custom to consult a dentist at all except to extract a tooth. And hence I say it is through the instructions which we may be able to give to the laity that we expect to accomplish good results, and then the question is, How shall we do it? Now, the plan as proposed by the text-book might possibly affect those, to a great extent, but we all know that, in order to keep in good condition the teeth of the children of the families whom we have charge of, we have to put line upon line and precept upon precept. Now, there are many and various ways of cleaning the teeth, but I will not go into that.

But we have not been so vigilant as we might have been, even in that; and I want to say, particularly, that poor children of the community who go to these schools have had, in many cases, no opportunity whatever to be instructed upon these subjects, and this is the duty of the dental profession of today, to supply that information, if possible, and to try and supply it in such a forcible manner that it may be effective of good to the teeth of the rising generations.

Dr. Bland said: I have heard, with great interest, the reading of the paper and the discussions following it. It seems to me that Prophylaxis is one of the most important of all subjects in our line, and I have often wondered why it has not been followed out more carefully. I think, possi-

bly, that if we should have the same rule here that they have in China, namely—that we pay the doctor as long as we keep well—I believe we would be a little more careful. I would like to know what is the cause of so much diseased tissue in the mouth. Is it due to a lack of cleanliness? You find among savages, such as Indians, the most beautiful teeth that have ever been known; still, the tooth-brush was an unknown thing to them. Was it because their physical condition was so much better than ours? If that is so, we should get at the root of this trouble by teaching Prophylaxis and knowing more medicine, and be not only a specialist, but, with it a general knowledge as to that which would prevent disease and decay. Of course, this field is so wide that it is impossible to go into detail. I just make these suggestions, as you may say, to draw out some discussions from others who are better posted.

Dr. Teague said: I am glad to say a few words on this subject, as I am very much interested in it. I think one reason why some mouths cannot be kept clean is on account of the condition of the saliva. There are differences in salivas. We have a limpid saliva that will go through a napkin in a minute; we have another saliva that does not seem to saturate it, but will come out between it and the gum; and I have seen a saliva that is so very heavy and ropey it is actually in the way, and in removing from the mouth an instrument the end of which has had to come in come in contact with it, you will leave a string of saliva across the face. You look in the text-book, and you will find given there the formula for salivas. It very likely will be the formula for natural saliva, but I do not believe the profession knows today the difference in saliva. I have often wished that I had the time to investigate on that line and find out what saliva is in its different forms as it appears to us in practice.

Sometime ago I noticed the mouth of a man that I got into the chair just simply for the sake of examining his

mouth. He did not come for my professional services—he brought his wife. He said to me, "Doctor, it is mighty strange I do not have to come to the dentist as my wife does—she is continually going to see a dentist—what is the reason?" I asked him to let me look into his mouth. I found that he had a perfect set of teeth, and the gums were as perfect as a new dollar. He used tobacco, but his teeth were only slightly stained. That was a case where water alone would keep the mouth clean and the gums healthy. I have in mind another case where the teeth are beautifully white and the gums perfectly healthy, but the teeth are subject to decay. Why? I think the causes lay in the condition of that saliva. Another patient came in, and I remonstrated with him about not keeping his teeth clean. I said, "You notice this creamy skim on your teeth; why don't you keep it off?" He said, "If I should scrape that off with a stick and use a scrubbing brush with sand, it would be there again in an hour or so." I saw the same kind of a mouth possessed by a Baptist preacher. Now, we all know that Baptists have a great deal more religion than Episcopalians; they have a great deal of faith in them. He was a good Baptist brother, and if ever there was a faithful patient, it was that man, and he is a man that believes in water. He uses plenty of it; he uses it all over himself. His mouth shows a deposit—a black deposit between the teeth. He does not use tobacco—does not smoke or chew—I never asked him to have a drink! Anyway, I asked him, "Brother A., do you clean your teeth?" He turned around and looked at me in utter disdain, and said, "I clean them three times a day." "Do you use tooth-powder?" "Yes, sir; I use YOUR tooth-powder." "Do you use a mouth wash?" "Yes, I use that wash you call Formalin; I use it faithfully." I said, "I notice your teeth are covered with this creamy scurvy—why is it?" "I would like you to tell me, yourself. I cannot keep it off." When that creamy substance is in the mouth, you generally find

pyorrhœa. Whether it is the coming together upon the gums of saliva in its natural or in its diseased state of secretion, I am not prepared to say, and I want to know. I mention these things to you in the hope that it may put someone on the path, and I hope that at the next meeting of the Society we will be gratified to hear of someone in your number that has investigated it.

Dr. Osborne said: We do not know how much good will result from these discussions. I do not know how much it is—I can't measure it; but I believe it is a great deal. We will do all we can to keep your teeth clean, and it ought to be a conscientious matter with every dentist. Patients ought to be taught on this very line. We all know there is a great percentage of our patients to whom it is useless to say anything. You might as well sing a song to a dead horse. The average patient will not keep his teeth clean—and I generally let him go his way. I can see pretty quick whether my patient is interested or not, and I lecture them and tell them they ought to take care of their teeth. There is one point that I have not heard touched upon. If you can get at the pride of the young person, you have accomplished a great end. I actually insult the young people on that point. I say to them, "You do not eat guano, do you? Oh, I am going to insult you," "Why, you have a beautiful set of teeth." (I do not mean it.) "You ought to take more pride in your teeth; you ought to take more care of them." "I want to see your gums looking better." "Take more care of your teeth." If you can get at the pride of a young person on that line, you can do a great deal—I mean with persons who have some pride in them. I say to them, "You dress well, you look well; what in the world do you neglect the main thing for? You can never look nice, pretty and neat with your teeth in that condition." I believe it does some good. These good teeth—is it the result of organization,

or is it the matter of environment? This is the greatest question before us today.

Away back yonder, ten years ago, there was a great deal said and written about the organization of the teeth, a subject that was all the go. I do not hear any of that now. There may be a great deal of it, but I wish to say this: That is the question to solve. And if it happens to be a matter of environment, I see great things in the future for us. Yes, sir; if it happens to be a matter of organization, I am afraid we will never do much good a studying of it.

I am sorter horrified at our brother dentist's speaking of us dentists as he did. I keep my teeth pretty clean, and my folks do; but I don't want any dentist hanging about me with bad teeth. It is no use preaching one thing and practicing another. I hope he was thinking about something else when he said that thing.

Dr. Horton said: I have been very much interested in this discussion, and of late have been thinking along that line. I have examined several mouths and noticed that the same conditions existed in the mouths as Dr. Teague mentioned. The physical conditions differ very decidedly in different cases. I had, not long since, one patient come in to see me who had been in bad health. I found that the gums were diseased to a very marked degree, and I treated that patient for some time with comparatively no favorable results. On the other hand, I had a patient come to me, 35 or 40 years old—a large, stout man, in good health. He came up to me and said he came to have his teeth extracted. I never examined his teeth. I looked in there, and I could see the cusps where the teeth were, but so far as seeing a tooth, it was impossible. I simply found there was nothing but a mass of tartar. On removing the tartar, I found some very good teeth, and the man is still wearing his same teeth.

In regard to putting this matter before the poor class of people: I think, in the majority of counties, there is a public school teachers' association. Would it not be advisable for the dentists of these counties to get together and appoint some dentist to go before this association and tell them of the importance of letting these children know how to take care of their teeth and mouths, and, if necessary, have a lecture delivered to the public school teachers by some dentist appointed by that county's dental association. Let them, in turn, either read the lecture to their various schools, or else deliver it themselves in person. I think that many people do not realize the importance of properly taking care of the teeth.

Dr. Everitt said: I would like to ask Doctor Teague if he ever took any of that creamy deposit in these conditions and examined it under a microscope, to see if he could get some idea as to what the deposit was?

A. No, sir; I have not had the time. I am really so busy, as a rule, that I have not had the time to make the examination.

Dr. Everitt: Q. Did you ever use any lithia in large doses in cases of that character?

A. Yes, every now and then, I prescribe the course of lithia water or lithia tablets to persons troubled with these deposits. It may come from the saliva.

Dr. Everitt: Q. When you prescribe the lithia, do you see any change?

A. In one or two cases I imagined that I did. It is a very hard matter to understand, especially when a previous unhealthy condition existed.

Dr. Everitt said: I have seen quite a good many cases of the character Dr. Teague described, and I have, in each case, cleansed as thoroughly as possible those teeth, and gotten away every particle as far as it extended underneath the gum margin; and, enquiring into the habits of the

patient, I found in a good many cases that by giving regularly large doses of lithia for two or three weeks a remarkable change was noticed in the deposit.

Dr. Turner said: I would like to speak a few words upon the point, which seems to be very interesting. The administration of lithia is a very rational treatment for the condition that is described by Dr. Teague. Of course, we all know that muriatic acid, which plays a very important part in the health of individuals and which effects not only the secretions of the mouth, but every part of the mouth, that it is temporary, not permanent, relief by the administration of lithia; and I have often prescribed lithia tablets for that condition that Dr. Teague has described. I have also, frequently, in suspecting this disease, advised my patients to eat as little meat as possible in order to emphasize the effect of the lithia tablets upon the system, and I have invariably found a marked improvement at the administration of the lithia. It is a fact that the two fluids of the mouth, which empty and mingle together, and these gas cells which we notice in the saliva more or less conspicuous, is the result of the latter state of effervescence that occurs upon the mingling of the two fluids—one alkali and one acid—and the deposit upon the teeth is absolutely commenced with the degree of effervescence that occurs. But I feel that anything, let it be muriatic acid or anything else which tends to increase the per cent. of acid in the mouth, is always deleterious to the teeth.

Dr. Horton: I wish to ask if he thinks that green stain you see on younger patients is caused by the same thing?

Dr. Turner: I do not.

Dr. Crenshaw: I am very well satisfied that if by this discussion we stir up any of our brethren something has been accomplished. Of course, I can not have reference to the mouths of this body of men, as I have not had opportunity to examine them, but I have had opportunity

to examine others, and I still have to say that we had better begin to work among ourselves before we expect our patrons to be inclined to listen to anything about the cleanliness of their mouths. I am willing to take Dr. Osborne's word for it that his mouth is clean, and I hope his mouth is a sample of any other brother in this presence, but it is not generally so; and I want to say again that the paper brings up a most important subject and I hope we will touch it, and touch it strong enough to awaken a continuing interest.

Dr. Jones said: We have had a very good discussion of this paper and I have been listening to it with a great deal of interest. It is an excellent paper, a most excellent paper, and it argues considerable thought and study on the part of Dr. Hunt before writing the paper. But with all this discussion and all that has been read upon it we are still very much in the dark; and it is one of very great importance—one that we might study a good while and then not know very much about it. But we do know this much: If these mouths are kept thoroughly clean we will not have much decay, and we should emphasize this to all our patients. Some might say that they do not bother with them because they (the patients) do not listen to them. I tell you a great majority of them will. There is one point connected with it that will also be of benefit: We may do excellent work, but if the mouth is not kept in perfect condition the work will not last. The benefit that comes to the patient who keeps it absolutely as clean as possible is a great deal. That point that Dr. Teague touched upon is very important—that in some mouths the saliva is just as he spoke of, as what he terms the ropy saliva. It is one term that describes it, and in that mouth we have decay, a great deal of it; and it is very difficult to keep that mouth clean. There is something that causes it. I have never seen any text-book that describes it or gave us any infor-

mation that would lead us to enlighten our patient so that the mouth could be kept in better condition.

Dr. Osborne said: That reminds me of one young fellow I once had in my office. Here is one point I try to make: the first tooth that decays in a young person's mouth is more of an educator than anything else I know, if we take advantage of it. I do not care if it does hurt him when it is pulled, and I say to him, "If you do not take care of your teeth they will have to be taken out and that will hurt you; you must take care of your teeth." And the pain that accompanies the extraction of that tooth is a lesson. I always try to make it a great lesson to them, and if you emphasize that point it would do a great deal of good. Tell them that this is just going to be a repetition. "You are going to have to come back if you do not take care of your teeth." I believe you will do better service if you take that tooth out—even though you may be able to save that first tooth. But I just thought I would mention that point. I used to try and save them, but the best thing to do is to have that tooth out and keep your mouth clean and save the others. That is a pretty good educator. Emphasize that one point.

Dr. Hunter said: I think that is a very good point made by Dr. Osborne; I have always tried to do that. I think myself it is very important to insist upon cleaning the teeth, and even when they do not care to have them cleaned themselves I take interest in them and cleanse the teeth for them and lecture them so severely that it makes them do better the balance of their lives. I had a patient, a young lady, about 18 or 20 years old; she had been away so she could not reach me, and I did not know her when she returned, but she remembered that I insisted upon cleaning her teeth. I brought the glass to her and introduced her to her new teeth, and told her she must keep them so. She said she remembered that very distinctly. She kept her glass in

close relation with her teeth and took pride in cleaning her teeth. In every operation that we perform one of the special things is to insist on cleaning the teeth many times; it pays to do that when you fill a tooth. Arouse a proper pride in them; it is a powerful stimulant when it is properly directed.

Dr. Hunt said: We can impress our patients somewhat. There is a poor girl whom I had a talk with—told her the necessity of cleaning her teeth and having them attended to. She had a small cavity filled. Her brother sent her money for which she was to have her photograph taken, and she used that money to have her teeth attended to and put in good shape. We can impress it on poor patients oftentimes.

The subject was passed.

Dr. Hilliard asked to be permitted to say a few words concerning a very valuable little publication which Dr. Teague gets out—*Dental Hints*. He asked for subscribers. A number of others spoke in endorsement of it also.

Dr. Teague said: I wish to express my appreciation for the liberal remarks of the gentlemen on my little journal. I wish to say to the North Carolina brethren that it is more a work of love to me than a work of profit. It takes considerable money and time to publish a journal. If you gentlemen do not think so I would be very glad for you to try your hand on it one month. I read a stack of journals that high. I think I know pretty much what practical dentists would like to read and I try to put in that little journal the best—what you would like to pick up any moment and read.

The subject of Prosthetic Dentistry was taken up.

Dr. Osborne read a paper on "Observations in Prosthetic Dentistry," as follows:

OBSERVATIONS IN PROSTHETIC DENTISTRY.

This is not what I know that you don't.

If you can get anything out of it that you can utilize in your business it's all right with me.

It pertains to some things I have noticed in and about dental Prosthesis.

I have a pretty high regard for the Prosthodontist.

I have it in my head that he is a right useful adjunct to the country.

I don't know that Solomon, arrayed in all his glory, would be of more use.

He is an individual who gets a great deal of cussing—but I don't know but it's best that he does.

If he can't stand cussing he can't ever learn to make a lower plate.

There is one good thing about his business—he'll never be entirely out of a job.

As long as time lasts there will be some other things lasting just as well.

The gray mule—the hypocrite in the church—the folks who need and just will have substitutes for teeth—have ye with us always.

Procrastination is the thief of time—it's also the trump card of the Prosthodontist.

Culpable neglect and poorly organized teeth are the hinges upon which his business rests.

It's the wind that blows him the good.

It's his excuse for existence.

But he exists all the same and will continue to so exist.

The lonesome, lonely old batchelor will never desert him.

The anxious old maid ever liveth to maintain him a job.

From every station in life they come to seek his services.

Stinginess in the human family does not affect his business.

I know a man who stops his clock at night to keep the wheels from wearing—but a thousand dollars wouldn't buy his old stinking plate if he couldn't get another.

You want to diagnose your case properly.

This will help you to prognose.

Prognosis and diagnosis constitute something like one sill of the foundation of this business.

I've noticed particularly that the fellow who is not particularly mechanical had best change his business.

He would no doubt be an eternal and everlasting success—but not in making over the human face divine.

And he must have something of an artist about him—a great love for the beautiful.

Mechanical dentistry, carrying with it nothing but true mechanics, sustains about the same relation to dental prosthesis as does the hand organ to music.

The more you know of human nature, the more glib things will become.

If you can't measure with your eye you're handicapped on the jump go.

The best thing about modeling composition is that it's good to learn to take impressions with.

Just so with wax and also gutta-percha.

If you want an impression—take it with plaster.

I guess you all know that—but I told you at the start I would discourse only on the things you already know.

Did it ever occur to you how much slicker Prosthesis on paper is than anywhere else?

If I had known when I first began the study of this thing that I had to ask myself these questions and answer them when alone—these thousand and one questions—I don't know but what I would have held on to my little bay mule and bell-cord.

The patient is in the chair.

Is he male or female?

We'll take up for consideration the male.

(The Lord did this in the creation.)

Is his hair long or short? Thick or thin? Coarse or fine? Red, white or black?

Does he shave clean?

Has he got anything to shave?

Does his voice sorter sound pipey—like a bee in a hollyhock?

Does he stutter—can't get her off the centre?

Is he dull or sharp? (This is important.)

Is he bug-eyed?

Is he cock-eyed?

Do they stick out like organ stops?

Do his lips swell when chafed?

When he bunches them up to spit do they resemble the stem end of a tomato?

Does he carry his appetite with him?

In talking does he use the the words "By Goney" much?

Is he migratory? (This is very important.)

But I must stop.

I don't propose to burden you with the questions you, as a Prostodontist, have to ask relative to the physiogomy of the female. In fact you need not ask yourselves these questions—just ask the patient herself and the answers you get will be a plenty.

But I will drop this remark: If she is an old maid—the older the worse—or a married lady who has never borne any children, everything else being equal, you have a hard job on your hands, much harder than you will find anywhere else on the footstool.

We are much more apt to use teeth too light in color, especially if we consult the patient, than we are to get them too dark.

I notice that any set of teeth can be made to look more natural in appearance by grinding the cutting edges so as to imitate wear.

I haven't found that collaring a sound root is the best way to manage that sort of a case. (I mean in putting on a Logan crown.)

I have noticed that porcelain crowns are much harder to make stay in some places than in others, and I don't know that I can say positively whether it was the mouth or the situation in the mouth was to blame.

A plate in a majority of cases will stick better if you succeed in sticking the fee in your pocket as soon as the work is finished.

There is a whole lot that can be added to the desirableness of a plate right at the last, by giving it a fine finish. I learned this a long time after I began to work.

I found out by experience that a satisfied patient is the one you don't want to beg into having his work changed. When you are through he will be no more than satisfied, just where you found him.

Did you ever notice that some of the most useful things in this world get more kicks than all the rest? The rubber plate is what we might say an ancient affair, made of a base material, stinks, and is cheap, but there is nothing on top discovered that can take its place.

Be prepared in this work for the unexpected which will at times happen. Last Monday about 5 p. m. I had a very strange experience. An old widower, for whom I had made a plate six years ago, came in to see if I could do anything to keep his plate from "sticking so tight." Said it "drawed" his mouth so he couldn't wear it. I recollect very distinctly having a hard time to get the old codger to keep is at all when I made it because he couldn't keep it in his mouth. I bored a hole in it and sent him on his way. I hope when I get home the angels will have him, but I venture the assertion they'll never keep his harp in tune.

There is one thing the profession is doing just now that in my humble opinion will not elevate it a great deal—sending their prosthetic work to the laboratories. That is a mud that will breed no eels and you mark it.

What inventor would be of more use to the world than the person who some day, perhaps, will add to the strength of porcelain and subtract from its weight. We would then have the ideal denture.

A sick kitten will never stick closer to a hot brick, a 19-year-old lover thinks no oftener of his sweetheart, than the lady who wears a denture that looks well, feels well and serves well, though it be of a vegetable base and smells like a bone-boiling establishment.

The best time to clean a vulcanizer is before it gets dirty.

The best time to collect your fee for this work is when the work is completed.

The best time to prepare the mouth for a plate is the first chance you get.

The best time to make an air chamber is before you make the trial plate.

The best way to prepare a paper on Dental Prosthesis to be read at the Twenty-eight Annual Meeting of North Carolina Dental Society is to begin in time and not wait till the night before you start to Raleigh.

The discussion was opened by Dr. Everett: To start the subject in motion, I enjoyed Dr. Osborne's paper very much, as I enjoy everything he says. I have never heard him say anything in my life but what there was something good in it; good common sense back of it. I must differ with him on the point of rubber work. I am one of the unfortunates that do not believe in rubber work. I confine myself altogether to the gold. I do not use the air chamber as used by the members of the profession generally. My idea is that a gold plate makes a better plate. I always take my plaster impression and I always scrape the hard places, and when I stamp up my plate and get it perfectly, I then take a number eighteen gold wire—half-round wire—I seal that wire around the entire rim, making the air chamber of the entire plate. That wire sometimes imbeds itself into the soft membrane of the mouth. There is no difficulty in retaining that plate in the mouth, in fact you cannot move it without considerable pull, and then I take my bite. I use the compound for getting my gauge first—the distance between the jaws; adjusting the upper plate, getting the bite proper in that. And I always make it a point to use plain teeth when it is possible, and I will mount those teeth as well as possible by the articulation, or bite, then I will put it in the mouth and let the patient grind on it. By this method I find that I have a better articulation than can other wise be made.

Dr. Carr said: I have done that a great many times myself, and to my mind it is the only absolutely correct way of obtaining a good articulation. As Dr. Everitt described the gold plate—of course, with the gold you have a rigid base, and there is no trouble with the plate's changing form when the patient bites into it as hard as it is necessary. If you want to get out an ideal plate, make your base plate of "Ideal" base plate material, then set up the teeth in the

articulator, just as Dr. Everitt describes, as nearly correct as you can, and then put them in the mouth and let the patient chew down on them. Whenever one is a little in the way it is pressed out and you get the perfect articulation and the base plate will hold its form. You can get the same articulation with the gold plate as you can with the rubber plate; and while the teeth are a little irregular on the plate, there is certainly a great comfort to the patient, as it is just as they grind their natural teeth, and that is the absolutely correct way of getting the articulation.

Dr. Turner said: I want to commend the paper; it is full of good thoughts all the way through. I want to emphasize the fact of using plain teeth. I can make a better set of teeth by the use of plain ones. I can come nearer approaching the natural articulation. It is easier to put one tooth in place than to put two or three together. I simply rise to commend the paper; it is one of good thought, and I hope everybody will take notice of it. In my practice I use plain teeth altogether.

Dr. Horton said: I have used that ideal base plate which Dr. Carr referred to, and I find it very satisfactory. It takes some little practice to get that absolute articulation. Another thing, as Dr. Everitt said, instead of using an air chamber in rubber work, I simply cut a groove in the model, just say one-eighth of an inch or one-fourth of an inch in front of the plate, and let them run from one arch to the other, and I find that is more satisfactory than an air chamber, and it does not produce any irritation whatever after a day or two. It is better suction, better all around. There is only one place I collide with Dr. Turner. I can make as nice looking plate with gum section teeth as I can with plain teeth.

Dr. Hilliard said: In cases where the gum shows I have never seen the rubber equal the gum section, but where the gum does not show it is all right.

Dr. Rominger said: I wish to say that this branch of our profession has not received for a number of years the attention that it really has deserved. We have been subordinating bridge work to the new fields that have been introduced, and there is a tendency on the part of many of the profession to rather despise the laboratory and the prosthetic part of dentistry. That is wrong. If we do any class of work it claims our best attention, and I take as much pride in my plate work as I do the work I do at the chair. I think we may be extreme in many things. The plain teeth are the easiest to articulate and give the best effect as to the setting of each individual tooth—we recognize that. And the point that has just been made by my friend from Rocky Mount is a point to be well taken. Where the gums show, where the person lifts the lip high, we cannot make a good, æsthetic effect by the use of pink rubber. I prefer to use the gum sections. In the gum sections, if we grind carefully, make good joints, and when that plate is in the mouth a few weeks a little film forms over those joints, they become imperceptible. I do not mean careless work. I do not put anything in my joints. I do not put pink rubber or anything else. I make a perfect joint as well as I can and then pack my rubber in there, and with force enough to avoid danger of cracking a block, I get a good joint that will not be unsightly or secrete any filthy odor that brother Osborne speaks about. I do not think we ought to relegate this subject to the rear so much as we do, and I rise to that point. Let none of us despise our laboratory work, however good in working gold or doing other work at the chair. If we make plates at all, we should make the best. We ought not to neglect it. This question requires a great deal of thought and care.

There is a point mentioned there that I want to emphasize in reference to the air chamber. Dr. Everitt says he takes that gold wire and seals that around the plate and

thereby makes an air chamber of the whole plate; while he said that, I think there are many of the dentists that failed to catch the point, therefore I reiterate what Dr. Everitt said. You can do that just as well with the rubber plate. When you have taken your impression take something and scrape all of the roof of the mouth—the hard part—and you have as much air chamber as you want there. It is a better air chamber than you can make with the die. Take an excavator and mark around your impression, then you pour the plaster into it. On the model make a mark to the height you wish your plate to come and you will be surprised how nearly you can make that plate fit. Then take some little scraper and mark just below that rim, scrape off of the model about what Dr. Everitt puts on with the wire; scrape so it bears upon the soft tissue. You make really an air chamber of the whole plate. There can be no suction upon a hard substance. You are dependent upon these soft tissues around there for suction, and it is the yielding of these soft tissues when there is traction made upon that plate that gives stability to that plate. If you have closed the opening there by this little rim at the top of the plate—not enough to irritate or make a sore place, but just enough to close the opening—then you have got something that will be about the best we can get. I see a great many plates that have been turned off from dental offices that are unfinished. It is not worthy of the hands that turn them off, and they turn off their operative work with that degree of carelessness that they do with many of their plates. I am standing here making a plea for more conscientious work in the laboratory in our plate work, and to that end we ought to bring out those little points of interest, because there are new men every year going in who have not had so much experience as some of the rest of us have, and there are none of us who do not need these hints; because what may be exceedingly familiar to you may be completely new

to me. Dr. Everitt has given some points that are very valuable. Frequently when there is a single molar below—understanding the bicuspids are out—you have to articulate the upper set of teeth. Now, frequently a person will run these back teeth smoothly along just so it will touch the top of that small molar. You can drop these back teeth—it pushes that plate backwards and tends to fasten it as it comes up, and by lowering those teeth and grinding a little notch so as to cover the whole surface of the molar, whenever that jaw closes, it closes into a nitch that gives security and confidence to the person who is chewing. There is not any of us who can throw his teeth laterally without striking a prominent cusp. My object is to get a perfect articulation, when it comes down in the natural chewing position. I think when I have gotten that the patient learns exactly how he hits his teeth together. I want to make a plea for a greater interest, a greater discussion on this subject which, I think, has been relegated to the rear, and unjustly so. And also that we should use more care in our plate work. The rubber plate, because we do make them, all of us, except Dr. Everitt—and there is a demand for them—if we make a rubber plate we ought to make the best we can, give it as fine a finish as possible. I want to endorse Dr. Osborne's paper. He says a good many good things and I appreciate them very much. There is not a dentist that does not know the truth of pocketing the fee. I remember making my father-in-law a set of teeth and giving them to him, and he did not wear those teeth, and afterwards, I believe, Dr. Spurgeon made him a set, and I know mine were just as good teeth as Dr. Spurgeon made for him.

Dr. Turner said: I can fully endorse what Dr. Rominger says about scraping the impression before he "runs" his cast. It is a fact that if you were to simply take a plaster impression and make a plate from it you would find that that plate would ride in the center of the roof of

the mouth, simply because the textures there are hard and consequently when the plate strikes that it is usually away from the membrane on either side. It has been my habit not only to do that and make this little groove around on the cast, but, if you will observe every mouth closely, you will find that about a line or a line and a half from the rear of the plate, and between the top of the ridge and the roof of the mouth, there will be found a soft, yielding place. Passing your finger down that way you will find a triangle in shape. If, after you have trimmed your impression, as Dr. Rominger has suggested, wherever the hard appears in the center of the mouth, then you make your cast, trim that in the way I have described, you will find that the plate will hug more closely against those lateral places in the mouth. I find that that has enabled me to make a more satisfactory fit in very many stubborn cases. I am satisfied that every impression in plaster or any other material needs a little "doctoring" because the mouth is not of uniform consistence, and in plaster you take the mouth as it is in its natural condition, and if you want the plate to press a little bit tighter, you have to make it so it will press a little tighter.

One other point I would make in regard to lower teeth. When you find a sharp ridge below, it is a very good plan to take the impression and deepen that part of the impression which fits over the sharp ridge of the lower jaw; deepen the impression very slightly—I would say about the half of the depth of a pin head, starting over near the rear of the impression and going clear around. You can readily see the object in doing this, and determine its result. I find that that has been of great service to me in fitting lower plates.

There is one other point. I think it is a great mistake to extract all the lower teeth. If you have simply one or two teeth on one side it is very much better to leave

them if you can bring them to a condition of health, for the reason that the great trouhle with the lower plate is its want of security, and if you can have anything there supporting it, even a mere root, if it is in a healthy condition, it is very much better than nothing. Because you must know—it does not require any imagination to know—how perfectly helpless people feel when they have a very low ridge and the muscles are inserted high; and you put a plate in there that shows motion at every movement of the tongue it is a very helpless and forlorn condition to be in, and often the patient can not even articulate without some movement of the plate.

One other point I would like to mention to the younger members of the profession: It is a great mistake to try to carry the lower plate too far down on the ridge, it is only making trouble for yourself. You have your patient back in less than twenty-four hours, as a rule. You might as well just trim it in the start and have the renewed confidence of the patient. When you put a plate in where it goes too low upon the edges of the alveolar, perhaps the patient very often tries to wear it as long as she can, and when they come to you the mouth is very sore and a plate that would be comfortable under other circumstances would not be comfortable then.

Dr. Horton said: I want to endorse what Dr. Turner has just said. I had a case just before leaving home in which it was necessary to relieve the pressure, as he suggested, upon the sharp ridge, and at the edge I made it very round, so as not to cause irritation in the soft membrane. It made such a snug fit it would scarcely move, and was highly satisfactory. I just wanted to endorse what Dr. Turner said.

Dr. Everitt said: I want to say one word for the benefit of the younger men in regard to the wire; that it can be used just as well on the rubber plate as on the gold. When

I used to make the rubber plates I was in the habit of taking a No. 3 burr and passing it around along the line made there from the impression on the model; that would give you all the room you wanted. In regard to a point Dr. Turner made about making lower plates, I wish to say that in making a rubber plate, or any other plate, for the lower jaw, always cut away until you think you have ruined that plate, then cut away a little bit more and you will have no trouble in making a comfortable plate. In prosthetic dentistry the great trouble is in taking impressions. I am sorry to say that my honest belief is that there are very few of us who know how to take plaster impressions. If I know anything about it, it has been learned only in recent years, and I think now that I know as little as the average man. I have seen some persons that did know how to take plaster impressions with a great deal more ease than I ever took them. I would like to have that discussion brought out.

Dr. Carr said: Dr. Everitt has touched on the very subject that I have had on my mind. We have been claiming that a plaster impression is the best impression of all. Several years ago I conceived the idea of cutting my impression almost in two in three places. Recently I saw an impression tray cut as I am going to describe, and I have no doubt that you have seen the same thing. It is a very easy matter to talk about taking plaster impressions, but quite a different thing when you attempt to take it and get it out. But with this tray—you take any ordinary tray and cut it in two so it will bend out easily, almost in two. But you cut the impression tray clear across the face of it and then on the sides. You have three pieces of the tray; then you take the ordinary modeling compound and make a little thin plate of modeling compound. With the three parts, then, you have got your tray sufficiently stiff to carry the plaster to the mouth. It matters not how many teeth you have, because when you carry the impression material on

this tray you let it stay in place just long enough to set a little, so that it will break easily; then you just pull out the front of it and it breaks the tops off. There is one-third of it; you pull the other out and lay that down, and then the third. Put the three together and you have a perfect impression without straining the teeth and without any trouble. I have done that a great many times. I cut it all the way round so that it will bend and sometimes break in two, and then I can use it again. But you will all find in the *Cosmos*, in this month's, a description of the point I speak of. With that you can take a plaster impression and have no danger of worrying the patient or yourself with drawing it.

Dr. E. L. Hunter said: The point I wish to make is this: If you cut a model after it has been made, you do it by guess, necessarily. If you want to reduce the model so it will be free of the unequal spots and hard places, the right way to do is to make a modeling compound impression and thereby reduce those soft places. But if you reduce the places in the impression and take a knife and scrape this model, it is guess work. No human being can tell anything about it, but pressure brought to bear will answer the purpose.

Dr. Betts said: I have enjoyed the discussion very much. I have gained a great many points in hearing it discussed. In regard to trimming the edges of the plates, if you will trim them to a roundness at first, and short enough at first, you will not have so much of that soreness. I have had trouble myself in leaving them too sharp.

The discussion was closed by Dr. Osborne.

The subject was passed.

The Society then adjourned to meet at 8:30 p. m.

EVENING SESSION.

The Society was called to order at 8.30 p. m.

Dr. I. N. Carr spoke on Dental Ethics as follows:

First as to dental ethics we all know in our Constitution and By-laws a rule concerning dental ethics, but I am sorry to say that a great many men in the profession in North Carolina today disregard ethics entirely. I think it would be very wise for the Society to impress upon the young men who are coming into the Society the importance of the ethics of the Society. The failure to observe them, to my mind, is very often the case with men who start out in the profession and are not successful at first, having a long road to travel before they can build up a practice. They get discouraged, and some dental parlor man will come into the community and advertise low prices, cheap work, (and, unfortunately, there are a great many people who like that kind of dentistry—cheap dentistry,) and some of these men drift into that. They disregard the code of ethics entirely. They forget that when they joined this Society it was not solely to have it known that they were members of the State Society, but it was for the purpose of being helpful to the Society as well as being helped by the Society. I am glad to say that in North Carolina I know of very few men that have retracted, but I do know some who have done so in regard to dental jurisprudence. There is but one phase of that subject I am prepared to speak of to-night. I have talked with one of our influential members on the subject. There is no doubt about it, gentlemen, but something has got to be done in the near future to stay the tide of quackery in North Carolina and every other Southern state.

There are a great many men who are now coming into the different states opening up what they call "dental parlors," and are advertising low prices, less than half the regular prices that have been charged, and simply making a trade out of the profession.

To get legislation to prevent anything of that kind in the future I think is possible. Of course, nothing can be done with those who have already started that degrading way of practicing, but, for the future, it has occurred to me that if this Society, as a body, would appoint a committee—and be very careful in the appointment of that committee—appoint such men as will take the proper interest in it and will come up before the Legislature with a bill properly prepared and discuss it before the legislative body—prepare a bill looking to the granting of powers to the State Society to revoke a man's license who violates its ethics, something will come of it. When these men go before the Board of Examiners they claim that they want to join the Society and identify themselves with it. Sometimes they do not want to do that, but go out and practice illegitimately or practice as the dental parlor man would. They do not

have any idea of remaining with the Society. It seems to me that a law should be framed and presented to the Legislature in order that they might see the importance of passing such a law, and make it plain that the State Examiners and State officers are not *dental officers*, but one or two officers appointed *by the State*, as I understand it, and it seems to me that we could get a bill through the Legislature, by proper work, that would enable the State Board of Dental Examiners, in the future, to compel every man who went before that Board to sign a contract that he would abide by the Code—that Illinois has used—by the Code of North Carolina; and if he fails to do that, by advertising, etc., that this same Board will have the right, after due trial, if found guilty, to revoke his license. My friend, Dr. Tucker, at the meeting in Morehead last summer, had something to say in his paper on this subject, and it was good, and I am but following out, going a little farther rather than along the line that he laid out at that meeting. He was, as you all know, threatened with a suit by one of the dental parlor men in the State, and had some very strong letters written to him, but I am glad to say that the members of the North Carolina State Dental Society, so far as I know, stood to his back bravely and told him to go ahead, that he was in the right. So what I say, without equivocation or fear, I wish to stand on record that something ought to be done to prevent the entrance into our profession in North Carolina of any more men who go into it simply for the money they can get out of it, regardless of the Code of Ethics or anything else except the mere money-getting; they make that the sole aim and object. They reduce the profession to a mere trade. The Society has been doing all that it possibly can to advance the interests of the profession, to lift it on a higher plane, to have it side by side with that classical and older profession, medicine. While that is going on on one hand, on the other hand there are men coming in and reducing it to a mere trade. It not only hurts the men in the community who are striving to do a legitimate practice; they are not only injuring these men but they are giving the public a poor idea of dentistry. One man will bring his daughter and have some work done, and in a year's time her teeth are worse off than when he went to the doctor with her. He says: "I will have no more to do with dentists. I do not believe in dentistry at all. I had my daughter's teeth filled two or three years ago, and I do not believe in it."

I believe that the men who are striving to elevate the profession should stand on the top. I believe they can do it and I believe they will do it, and the only way is to ask the Legislature to help us out. We can have a committee of three or six selected men who will go before this Board, who will frame a bill and get it. We may keep knocking at it and knocking at it until we do get it. We ought to be able to stop such men from coming into the profession.

Dr. Griffith said: I presume that when men are ready

to engage in the profession of dentistry that they are willing to associate themselves as being professional gentlemen, and being so, they are ethical, and unless they violate the Code of Ethics I can not say anything about it. I presume they are living up to the Code of Ethics until I have been informed to the contrary. I have not heard of its being violated, and consequently I do not talk about it. As to dental jurisprudence I know very little about it, but I know a little about dental prudence, and if you are prudent in dentistry you will not have occasion to know anything about dental jurisprudence. That is about all I can say on the subject.

Dr. Reid said: I want to say something about what Dr. Carr has just said in regard to dental jurisprudence. I think I have had some experience for a young man in dealing with men that violate these laws, and I have come to the place where I would like to see some remedy, and the remedy that he has just suggested seems to me to be about the only remedy that we can frame for this violation.

Dr. Turner said: Of course, the point which Dr. Carr has made really meets with our thorough approval, so far as that part is concerned, but I do not know how far the Legislature of North Carolina could be persuaded to enact what they consider class legislation. I am not prepared to say how far the people generally would sympathize with the man whose license should be revoked because he offers his services at a less price than those who, we consider, do it legitimately. That is a point that is very difficult to decide, and I think it would take a lawyer to decide whether or not it would be constitutional. In the second place, it is a most difficult thing to influence the Legislature to pass a law of that sort, because they are very careful about passing what they consider class legislation. We all know and have felt the influence of these

dental parlors and men who propose to do dentistry in a commercial way, and it is much to be regretted. I agree with Dr. Carr, very thoroughly, in the idea, if it were possible, to have some legislation that would prevent it. It is a thing greatly to be desired, because these parlors are making appearance now in several of our towns and they are doing a great deal of injury to legitimate practice. I think that many of the States have tried to legislate these things out of existence but I do not know of any State where it has been successful. There are parlors all over this United States, in every State in the Union and every city of any size, they have the dental parlors; and there is no doubt about it, that there is a great mass of people who do not make a distinction between a legitimate practitioner and the "parlor man." I should be very glad to have this matter investigated to see whether we might take the advanced step of revoking the license of those doing unprofessional things, and it might be that North Carolina might take the lead in a matter of this sort, but I do not believe they have succeeded in lessening this evil wherever it has been attempted. I believe that—I cannot name the college now—but I believe there is an institution teaching dentistry where they require all applicants, all candidates for graduation, to sign an agreement that they will abide by a Code of Ethics which is the same as that adopted by the State. It is possible that that might have an influence upon part of these men. I believe, however, that as long as we have uneducated men in the profession who do not conceive, realize what it is to be a dignified, professional man, we will have these dental parlors, and I do not see how you can legislate them out of existence. The only resource we have now is to use all our influence in trying to educate the community to disregard it.

Dr. Hilliard said: I think the State of New York has a law that they, under certain conditions, revoke license.

The City of New York has a law that a dentist who has been licensed and then acts unprofessionally, has his license revoked.

Dr. Smithwick said: There is a gentleman in my town who has been practicing dentistry twenty-five years. He has associated with him a young man who had passed his first year's course in the dental college, had been the second year and failed on the second year's examination. His father is worth $200,000, and he says he is going to allow his son to practice dentistry. This gentleman has associated this young man in his practice, formed a co-partnership with him. They advertise together, it reads So and So and Mr. So and So, undergraduate, is associated with me in the practice of dentistry. I would like to know if there is any way of reaching this young man, if he has a right to practice dentistry under this gentleman who has been practicing for twenty-five years.

Dr. James said: I think he has. I think he has a right to take an office boy to work in his office. And as to these dental parlors, we can never stop them, but we must educate ourselves, perhaps. I knew a member of this Society who offered to pay a patient's way to his office to do the work for him. I know another dentist, and one for whom I have high regard—not many days ago he left the city for a while, and he had in the paper: "Dr. So and So, the dentist, would be absent." Suppose any physician of Raleigh would have such a notice that "The Physician would be absent." The whole profession would look down on that man. We must take notice of these things, yes, and educate our members to quit such practice; and when we learn to educate ourselves we can teach the public to respect us.

Dr. Humphrey said: I heartily agree with the other gentlemen in regard to educating the public as thoroughly as possible up to the point where they will be able to dis-

tinguish between the trade of dentists and the profession of dentists. We should do it and should do it all the time. But I think it is possible to do it. We should endeavor to get at the bottom of this trouble and root it out, and if such a motion is in order, I would like to make the motion that a committee be appointed in whose hands this subject should be placed, and that this committee should be urged to do all that they can to further this object and to investigate it as thoroughly as possible and bring it before the full State Legislature.

The motion was seconded.

Dr. Teague said: Allow me to say a few words. I have just gotten through with some legislative business in South Carolina, and we found a very plain piece of legislation very hard to accomplish—simply to excuse dentists from jury duty. Fortunately we got through, but it went through one session of the Legislature and was held over in the Senate, and if it had not been for some good personal friend I had among the senators, who did some pretty considerable work, it would have been killed. You will have to go a little bit slow about bringing a measure of that sort before a legislature. In the first place, you have got to educate your legislators, you have got to have them in sympathy with you, you have got to do it by diplomacy, you have not got to do it by "cussing out," so to speak. Our senator of pitchfork fame says you can catch more flies with honey than you can with vinegar, and it is pretty true. In the next issue of *Dental Hints*, which I had hoped to bring here with me and scatter amongst you, will be printed some documents that our State Board of Dental Examiners issue all over the State to the solicitors and to the school commissioners. Whenever a violator of our law has been successfully sued and brought to terms, the fee collected goes to the school fund. Our Board issues to the solicitor a notification that a certain man is practicing illegally, and

it is his duty to see that that man stops and comes before the Board, and it has had the happy effect of bringing many illegal practitioners before the Board, saving expenses, and all that. I think that the doctor over there (meaning Dr. Hilliard) is right in his belief that New York State has a law to revoke a license. Most of the solicitors are lawyers, of course, and it is a very hard matter to get one of these lawyers to sue an illegal dentist; so you will have to go slow about the business.

Dr. Griffith said: I think Dr. Teague's remarks are very pertinent. I have had a little experience and some observation in the way of securing legislation. I would rather undertake to persuade the dental parlor man to leave the State than to try to get the State Legislature to make him do it. You have got to go very slowly about these things, and I think if Dr. Humphrey recognized the great importance of this he would withdraw that motion, because you had better not agitate it too largely now in the unsettled state of politics. We hope to get everything we want before the Legislature in the way of protection, but we cannot expect to get it now. I am afraid that some smart Alex will vote away what we already have. I have been expecting that, and I hope that motion will be withdrawn. I think it is necessary, because I do not think the committee will accomplish anything.

Dr. Smithwick said: I would like some information on my question. I would like a direct answer. How are you going to get at him? A. Bring him to the State court before the law.

Dr. Humphrey said: Through respect to the older members of the Society, I will withdraw my motion, but I do think we ought not to leave a stone unturned to try to uproot this practice.

Dr. Osborne said: Of course, if there is any way to make a man do right, it is all right; but there are certain things

you cannot make them do. Here is another point: if you try to do something and fail, you have lost, and he will fight.

Dr. G. A. Carr said: So many of our Society have spoken on the subject I almost hesitate in saying anything. If you do not ask anything you do not get it. Dr. Turner said perhaps the Legislature might take from us what we already have. I do not think they can take from us what they have given, and while we cannot touch those men who are already practicing illegitimately we might keep others from entering into such practice. If a college can compel a man to sign a code of ethics before he can graduate, it seems that a State Board ought to be able to make an applicant sign a similar code of ethics if he agrees to practice, and in that way I think we might be able to do away with this thing, and I do not think we ought to have any hesitation in asking the Legislature, or rather in bringing a bill of this kind before them, simply because some other State has not done it. Some State ought to be first and I do not see why North Carolina cannot make the move as well as any other State. The best way to do it is to ask, and if you do not get it the first time ask again; and what you have got they cannot take away.

Dr. Hilliard said: The State Board of Dental Examiners are appointed by the Legislature, and they issue license to that man and that license cannot be revoked unless they make a law to that effect.

Dr. Fleming said: Three years ago a bill was introduced in the Legislature to absolutely repeal all laws and to allow anybody in the world to practice in this State, and it was only by the efforts of Dr. Turner, Marion Butler and Dr. Everitt the bill was "knocked into a cocked hat." But for their immediate action there would now be no laws in this State pertaining to dentistry.

Dr. Turner said: I want to make this simple statement: The Examining Board has no right to exact any certificate

of future conduct on the part of persons applying for license. The law does not give it to them. They are to examine these men and, if found competent, issue them license. The law specifies exactly what this Board shall do and the Board has no authority whatever to exact any such requirements of the applicant. It is often the case that the opportunity is offered to applicants to voluntarily obligate themselves to abide by the code of ethics. On one occasion the opportunity has been afforded the applicants for license to obligate themselves to abide by the customs prevailing among the practitioners. I am very glad to say that, on this one occasion, every applicant signed the paper cheerfully because, after reading it over, he saw that there was nothing in the code of ethics which a legitimate practitioner might not obligate himself to do without embarassment. And I want to say this, that perhaps my little experience in trying to have laws passed would teach me, at least, that it is a very difficult thing to properly bring a matter before the average Legislature, and undertake to explain to men who have a thousand and one jobs going on all the time, and are endeavoring to find out what would make them popular or unpopular in their own locality. As Dr. Fleming said a few moments ago, we were at a great crisis here, and we have taken it upon ourselves to watch the Legislature when it is in session here, and if we can get out unscathed we feel mighty good when the Legislature adjourns. Because, as Dr. Fleming says there have been efforts made here to pass special acts to allow certain men to practice who are incompetent, and in one case it passed one house and was about to pass the other—a man who was thoroughly incompetent—and they wanted to make a special act. Now you see from that what you have to do, and as I have said on one other occasion, if you undertake to have any legislation there are many points in our law that we would like to have

changed. We have endeavored to bear the ills rather than take a plunge into something that we do not know. And I will say this, if you are going—if you intend to change this law—to amend it, then we want a radical change in it, and you will have to prepare for a fight and a fight to the finish. There might be some slight change made. If we are going to have additional legislation, if the law has to be amended, let us go into it, and you have got to put your hands in your pockets, and you have got to come down here and influence this Legislature. It is not a small job, and my idea is that if we can get along with the law as it exists now, we had better do it than be tampering with it, with something that is only a mere possibility—that will perhaps prevent some of the evils. I want to say as to the New York law, that I think the gentlemen are mistaken. I think it provides that if a man is guilty of a misdemeanor his license is revoked.

Dr. Jones said: I think that the remarks of Dr. Carr, what he said, were all right, but I agree with some of the gentlemen who have just spoken that it is impracticable just now. We have our code of ethics which is good enough in itself, but it is not observed as it should be. But, in all probability, we had better let it be as it is. We had better not try and have any other legislation and, perhaps, have something that is worse. It occurs to me as regards the practice in this State—which is a little off that point, but something bearing on it—the unlawful practice of those who have no license—and it may be well to state just here that the Dental Board of this State can not stop them by themselves. I have frequently had parties write to me in regard to this unlawful practice, but when I write these parties to get up the witnesses and place them in the hands of the solicitor, as a general thing I hear no more from them. The trouble is this, very few want to make themselves unpopular by

causing these law suits to be undertaken, getting the ill will of the people around them. I think we are making progress. I do not think it is so bad as it was several years ago. I think that if we, as dentists, take a higher view of these things and live more up to the Code of Ethics ourselves, I think dental parlors will be abolished, I think it will come some day. I do not think there is but one country that I have read of, and that is England, that is allowed to revoke the license. I am pretty positive that England has the only law on that subject. I think there, if the practitioner violates the Code of Ethics, they will revoke his license. If we will try to have the law enfored and if we will all do our duty by it and get the witnesses to the cases that may come up where men have practiced without license, we will gradually make them observe the law.

Dr. I. N. Carr said: I want to say that it was not my purpose to propose any radical legislation, to go at this matter in a wild manner at all; nor had I any idea of changing things as they exist today; nor had I any idea that we would stop these men that are already practicing in that way, because I know that we can not do it. But my sole idea was to have this matter brought up in order that we might look into it, prepare some sort of a bill, however slight it may be—a sort of entering wedge, so to speak—that we may start this thing. Something certainly ought to be done, because we do not want to submit to the incompetence that we see all around us in these cheap men. A man spends four or five years in studying the profession and spends a great deal of money, and then to have to be thrown in competition with the man who has not spent that time, that has got it by some hook or crook, and does not regard it as a profession at all, but a money-making business. I am glad, if not for any other reason, that it has provoked some discussion, and if we are not to have any committee,

it is all right. I hope that the time will come when the Society will take some action. It is hoped that we will never have a Legislature that will repeal the law that we have already had.

The subject is passed.

Dental Education was the next subject taken up, the Committee presenting no papers on the subject.

Dr. Griffith said: Dentistry was an art and now it is a science, and we must keep up this scientific part of it; and therefore I would be very sorry for our proceedings to show that dental education was not discussed; that we had to pass the subject. Now, Dr. Tucker has a paper that is written, I think, for the *Journal*, which would be the right thing to read, on "Medicine in Relation to Dentistry and Dentistry in Relation to Medicine," in the absence of any papers.

It was moved and seconded that Dr. Tucker read his paper.

Dr. Betts said: Before you put that motion before the house, Mr. President, I wish to say that I am very anxious for every member in attendance upon this meeting to hear that valuable paper read. And since so few are present tonight, I would be very glad if we could pass this subject temporarily and take up Dr. Tucker's paper in the morning. Our local organization in Greensboro was most fortunate in inducing him to prepare it and come in person and read it to us. At that time we had with us the physicians of the city, who were thoroughly pleased with it. We discussed it both from the dental and medical standpoint. It shows large research and treats the subject exhaustively. I am sure that every one of us will be profited by hearing it read and discussed. So to that end I offer an amendment to the motion that the reading of this paper be made a special order of business for 10 o'clock in the morning.

The reading of Dr. Tucker's paper was made a special order of business for 10 o'clock at the next morning session.

Dr. Turner said: I think it is customary when we have met here to extend an invitation to the physicians, offering them the courtesies of the Society, and I move that a notice be put in the paper to say that the physicians of the city are invited to attend our meeting.

The motion prevailed.

Dr. Tucker invited the members of the Society to join him in a "smoker" in the assembly room at 9 o'clock p. m.

The Society adjourned to meet at 9 o'clock a. m.

SECOND DAY—Morning Session.

Pursuant to adjournment the Society was called to order by the President at 9 o'clock a. m.

Under the head of Dental Education, and as special order of business, Dr. E. J. Tucker read a paper which was prepared and read before the local dental society of Greensboro.

Dr. Betts said: I move that Dr. Tucker be tendered a vote of thanks for reading the paper, and that it be recorded in our proceedings.

The motion was seconded, and the latter clause discussed, as follows:

Dr. Turner said: I enjoyed very much Dr. Tucker's paper. I should be very glad, indeed, if it were possible or exactly ethical to print that paper in our proceedings, but the truth of it is that it is hardly a good precedent to include in our proceedings a paper which has been read before other societies, and I am afraid that it is a little bit out of our usual way of doing things. I merely say this because it is not customary in societies where a paper has been read before any other society to make it a part of the proceedings of more than one society. I want to say in this connection that I am not hypocritical on matters of this kind,

and particularly I am not so in this case; because Dr. Tucker has gone into a field which is perhaps unusual for a dentist to go into, and there are many historical facts that he has gathered which are of great interest not only to our profession, but to our other profession, medicine; and while he was reading this paper it struck me very forcibly how often a very slight circumstance controls and effects either for good or bad the history of old science particularly like that of dental surgery. It is well known among the members of this Society that I have been for years an advocate of the study of general medicine for the dental student. I feel that it is a problem that is very difficult to settle. It has been agonized over by thinkers in dentistry for many years, but it is a direct connection with medicine which cannot be ignored, and we all know that if we had this thing to go over again that we would correct the mistake made by the few men in the city of Baltimore in 1838 or 1839. We would now have the position in which we logically belong. I have always thought that a dental student who graduates at the dental college has a great deal of reading before him in dental medicine before he can practice the specialty to which he belongs.

I do not want to antagonize Dr. Betts' motion, and I do not want to antagonize the proposal of Dr. Betts actively, but I merely state that fact, and I think that you gentlemen had better so understand it.

Dr. Betts said: My motion was not intended to do violence to that law of precedent, but I thought that of course it would be the very thing to incorporate the paper in our proceedings, and I thought also that all the members of the Society would like to read that paper after they get back home, and see what is in it. I did not have in mind at the time the fact that it had been read before another Society. It was prepared for our Society in Greensboro and, incidentally, it was also read here before

the Raleigh local Society. I withdraw my motion, or rather the latter part of it.

Dr. Turner said: I would be very glad to say this, that there is no objection to mentioning the facts that Dr. Tucker read a paper which had been read before a local Society, and then I think it would be very proper, at the pleasure of the Society, to report whatever discussion there might be upon that paper. I do not think that would be objected to at all; but, to present it as one of the papers read, I doubt very much whether it would be well to violate the precedent.

Dr. Tucker said: I think that is correct.

The motion thanking Dr. Tucker was unanimously carried.

Dr. Jones said: I would like to refer to the paper just read and discussed. I heard it read with pleasure. I think it is a question in the minds of our best educators whether a medical diploma—I mean by that a thorough course of medicine—is necessary to a practitioner of dentistry; that is, if in receiving the diploma in medicine, if the student does that first, that he does not neglect something that is of more importance in the professional knowledge and skill of dentistry proper. Mind you, I am not antagonizing the idea that Dr. Tucker is advancing, of a more thorough knowledge of medicine. Perhaps a great many of you saw a number of articles bearing on that subject in some of our dental journals, and one of these writers took the ground that knowledge of dentistry, a skill and dexterity in handling instruments, could not be acquired if it was left to a later period in life, and it was better for a dentist to be thoroughly educated in dentistry first, and then, if he could do so, gain the knowledge of medicine, or, in other words, graduate in dentistry and then in medicine. That, in my opinion, would be a better plan. I believe the paper on the whole is to be very much commended. He brought

out a number of illustrations and gave information that would be an advantage to us in many points in dentistry, particularly in the pathological treatment we meet with, and of the jaws and mouth and associated parts as to the thorough practice in dentisiry. I think that is the first point for dentists to consider. If we can then gain the other, so much the better.

Dr. Rominger said: Last night the subject of Dental Surgery was temporarily passed because no one had a paper on it. Our esteemed friend, Dr. Rowe, last night sat up and wrote a paper on dental education in the "wee sma hours" of night, and he has a short paper ready; and if it is your pleasure to hear it, I think he should read it, and it should be discussed under the same head.

Dr. Rowe said: I felt so badly that there had not been a special paper prepared that I offer a few practical thoughts that occurred to my mind; so I will read them and the matter can be thoroughly discussed.

Dr. Rowe then read the following paper:

EDUCATION.

While we are waiting for our committee to provide a suitable text-book pertaining to dentistry to report, we need not be idle. There are various ways in which we may advance the cause of dental education. One of the most helpful to the dentist is a co-operative work, by the organization of local dental societies. Realizing the need of a more fraternal spirit, seven of our Greensboro dentists organized "The Greensboro District Dental Society," of which the writer has the honor and pleasure of being president. Meeting once a month, sometimes reading and discussing a paper, or simply relating incidents in office practice, we have found these meetings more prolific of good than we could have anticipated; drawing us together into more thorough accord, understanding each other more perfectly, mutually helpful, and accomplishing results that could not be attained in any other way, we have a more fraternal interest in each other that enables us to put our profession upon a higher plane in our city than ever before. As a local educator for the dentist, I can heartily commend the local society. Even two or three, meeting at regular intervals, to talk over the good of the profession in their community, would be productive of a vast amount of good. So much for local organization as a mutual help.

The reformation of habitual drunkards, as a class, was long ago abandoned by those who are interested in the cause of temperance, and the most aggressive avenue for pressing this work was found to be by instilling temperance principles into the young, and now, by legislation, these principles are taught from supplementary text-books in our public schools. So must we conduct a local work to elevate the public to a higher appreciation of dentistry by teaching our boys and girls dental hygiene, rudimentary physiology, pathology and therapeutics. Where there are several dentists in a town, they can formulate a plan of procedure by each taking a different subject, then meeting together for revision, then printing, and giving the combined result, printed at a very small cost, as pamphlets, as supplementary text-books, to be used, say in the seventh or eighth grades of our schools, thereby doing a local work in which our teachers would heartily co-operate, while we are waiting for the more full and complete text-book furnished by our committee.

Dr. Teague said: I would like to compliment Dr. Tucker on his paper, and I wish it could be read before the meeting of the Southern Branch at Atlanta. We had a discussion relating to that paper concerning medical and dental education combindedly. The discussion was carried on mostly by college professors, and, to my surprise, they were against the ideas of coëducation. They claim that dentists could be better educated for their work in the dental college. First, that the dental student did not get that knowledge of medicine that he expected to in universities where they have the medical and dental students to come together in the same lectures. I was very much surprised at that, for I have been of the opinion all through my life that it would be of immense value to any dental student to be medically educated. I attended a medical college; I have seen the good it has done me through thirty or more years of practice, and I regret that I did not possess a medical diploma. I went to the medical college but did not graduate, but what knowledge of medicine that I imbibed in the lectures that I attended has done me an immense amount of good. The trouble, to my mind, is that we are not so thoroughly medically educated in the dental college as we should be. There is not that stress put upon the

necessity and value to a student and its practitioner of having a medical education. How many practitioners of dentistry today are well up in these subjects?

Dr. Harper said: There is no question as to the necessity and advantages of our knowing more of medicine. One reason why a great many people, as Dr. Teague has just indicated, go to the physician for relief instead of coming to the dentist is the fact that the people, or a great many of them, have an idea that the physician knows everything and the dentist knows nothing except what is in the oral cavity. This is erroneous and we must educate our patients to the fact that we know something as well as the M. D.; and I am glad to know that another year's course has been added in the dental colleges. And I believe it is the purpose, the intent—and it will be done—to increase medical education, very largely, for every future graduate in dentistry. There is no reason why there should not be, and I feel sure from this day forward we will have less need for the degree of M. D. than we ever had before; but there is no doubt but what every one of us would feel better, would enjoy the practice more, would feel surer in some cases if we had taken the degree of M. D.

Dr. Crenshaw said: A better preparation of dentists for their work, the matter of educating them medically, is desirable on some accounts, on some lines, but mainly because it broadens a man as does the study of medicine for years; it is somewhat of an education to a man. Yet I do not begin to believe that it helps a dentist in his practical work—I do not begin to accept that. I think that Dr. Teague is regretting that he did not have better education in medical dentistry because of a false idea. We find that the trend in this matter is now to dental colleges instead of dental departments in medical colleges. You will find about three out of five prefer their education in schools teaching dentistry alone than to take this education in

schools that are departments of medical colleges. There are reasons for this. The medical student is carried into the subject of anatomy, physiology and chemistry and some other branches along with medical students. They do this because it is a little trouble to prepare a course of lectures especially adapted to the wants of the dentist. They do this because of that fact and because a dental student has the idea that he is elevated and perhaps better prepared by being taught by the physician on these subjects. He forgets the fact that he is losing, perhaps, valuable time that would be given him on his specialty in dentistry. He forgets the fact that the physician must be given a course of lectures here that enables him to practice medicine and not dentistry, and he loses time, and loses *valuable* time, when he undertakes these subjects as they are prepared by the physician for the physician. For that reason and for others it convinces the majority of dental students at least that they will be better served and better prepared for the practice of dentistry to take their courses in dental colleges. The idea of dentistry as a branch of medicine, I think, is a falsity. The matter was not open for discussion when Dr. Royster spoke on this subject, but I would like to ask him—or ask you—to state why that is so—why is it that dentistry is a branch of the medical profession? That matter was gone over twenty-five years ago, and I thought forever and forever settled, by Dr. Kingsby, whose article on the subject some of you will remember, and I think that the misapprehension is not generally because of what has been done heretofore. I say to you that I like the company of the physician; I like the idea of our profession being associated with that profession, and it would please me to think that we were really a part of the medical profession, but I do not believe you can show it. I do not believe the physician himself could do it if he were here.

Dr. Turner: What is the occulist—a department of medicine?

Dr. Crenshaw: I do not know that it is so.

Dr. Turner: So are the other specialties that are taught. Why are they called departments of medicine?

Dr. Crenshaw: I do not know that they are. Do you?

Dr. Turner: Simply because they are departments of medicine. The organs of the human body are made to depend on each other, and the study of any particular region of anatomy is not sufficient for a man to understand the whole human body. It becomes necessary for a man to study medicine in order to practice medicine.

Dr. Crenshaw: You think it is a medical profession because we must study anatomy. Anatomy is not any more a medicine than chemistry is. Anatomy is a profession of itself; it is a science of itself, and you have physicians who do not practice medicine and dentists who do not practice dentistry; you have chemists who are chemists and not physicians, because chemistry is a science of itself; anatomy is a science of itself; physiology is a science of itself; it is a medicine—dentistry cannot claim these. They simply use them as the child uses a great many subjects to educate him. His idea is to get an education. The idea of the dentist is to get these sciences which bear on dentistry and which develop a physician; and for that reason I think dentistry is not a department of medicine; I wish I could believe that it was so. I say that the dentist, in my judgment, is not helped in his practical work, because he loses a lot of valuable time on the subjects that he does not need, and which, if he left off, and devoted this time to dentistry, he would be a better dentist. That is the idea underlying the teaching of dentistry now. That is, in the majority of instances, that the dentist is better prepared by teaching him dentistry instead of losing his time in study of the subjects he has no use for.

Dr. Jones said: I would like to reply to one thing Dr. Crenshaw said. That is, that dentistry is not a branch of medicine. I believe that it is better to have a thorough dental education in a dental college, but if you want anything else, get it. But the statement that dentistry is not a branch of medicine at all will not bear investigation. In every college we have professors who teach different subjects, and in the treatment of numerous diseases the two professions come so close together that a line of separation is hardly to be seen. If a man does not know anything about medicine he cannot treat successfully an alveola abscess; he cannot treat diseases of the jaw, necrosis, or anything of that kind. He has got to be something of a surgeon, consequently dentistry must be a branch of that medicine.

Dr. Crenshaw said: That does not make out his case at all. I do not think at all that dentistry is a branch of medicine. What he says about the treatment of abscesses, that is taught by dentists. You have got a text-book that teaches medicine; you have a book that is called "The Principles and Practice of Medicine," and it is made up of many things, and no physician is graduated on studying "The Principles and Practice of Medicine." He has got to study anatomy, physiology, and chemistry, but that is not medicine; these are sciences within themselves. The treatment of abscesses and light disorders about the teeth can be taught by you yourself as well as the physician. You are not a graduate of medicine. They can be taught by any graduate of dentistry. I think they can be treated better than by the physician of dentistry; we are specialists upon that, and I think we can teach it better. But a physician may be an acceptable teacher on these lines. The teaching, therefore, of medicine—of the physician in a dental college—I think, does not make out the case at all that dentistry is a branch of medicine. I wish it was so.

Dr. Turner: What are we a branch of, Doctor?

Dr. Crenshaw: I do not know. We are dentists. It stands alone. It has work enough to do itself, important enough. We do not really need to be allied to the medical profession. We do not need that.

Dr. Turner: I recognize the fact that I am tackling a "sizer" when Dr. Crenshaw speaks because he is greatly experienced in the art and teaching of dental surgery, and has been notable in teaching dental surgery; but still not all the men are perfect. When he denies the statement that the oculist is not a specialist in medicine, I would like to say this, that as we understand the term, as the term is used and is understood by everybody who belongs to either profession, that the oculist is a specialist of medicine has never been denied; and, whether it be literally true or not, it is an accepted term for those persons who practice any particular department in the healing art except dentistry. I do not care to go over these terms because we have exhausted that as a term sufficiently comprehensive, and when the doctor says he does not know whether the occulist is a department of medicine, of course, as I said before, he may not mean in a literal translation of the term, but when you consider that in the study of any specialty of medicine it becomes necessary to study general medicine. It has been necessary for the occulist and every specialist to study the whole course of general medicine to receive a diploma, and then after that he receives special training for a particular specialty in which he expects to work. Now, then, if that be true in regard to other specialties, why may not it be true to the same extent that it is with dental surgery? I want to say here, however, that it has been remarked once before by some gentleman that dentistry in the start was more of an art than a science. Now, as progress has been made all along the lines and dentistry has kept pace, dentistry is more largely a scientific profession than it has ever been before. The fact is, that in all the allied sciences

which tends to make the dentist a more "all around" man there is great benefit to him; and I recognize the fact, as I stated awhile ago, that it was unfortunate that we did not start in the same way as the other specialists started. Still I give great honor to dentistry because it is not only a science but it is an art, and the art part of it is that which the general practitioner does not understand and is taught in the colleges especially organized for that purpose. Now, then, in considering this subject it strikes me that the dentist, in some way, is doubly worthy in the discharge of his profession. He not only has to do certain things, he has to actually accomplish certain things by manipulation, but he has to know how these things are to be done, what the results are going to be, and has to guard against certain other things; whereas, in many of the specialties of medicine the druggist does all the prescription work. Now, I believe, as I said before, that any subject, metaphysics or anything else that pertains to the practice of dentistry, is of benefit to him, and I still believe, as near as I can comprehend the terms, that dentistry is a branch of medicine.

Dr. Harris said: I would like Dr. Crenshaw to define medicine.

Dr. Crenshaw: I do not know that I am prepared to do it. I am not a physician; have not studied medicine with the view of practicing it. I do not know whether I can do it. A physician's work is that of healing the sick. He is constituted so by studying these sciences or these subjects which bear on the frame and making up of the frame, of the physiology and functions of the organs and of the chemistry of the system, with the practice of medicine and the understanding of pathology, and so on.

Dr. Harris said: That is exactly my view of the case. In that view of it—the healing art—is not dentistry a part of the healing art?

Dr. Crenshaw: We do when we get a large enough fee. There is no question of our trying to alleviate suffering, but that skill is not a branch of medicine. It is a profession of itself, made up of subjects introduced into the making of the profession of dentistry, and I do not believe that you have shown—I do not believe you *can* show—that dentistry is a part of medicine.

Dr. Wheeler: I am enjoying this discussion immensely and I am getting great good out of it, but I believe there is a happy medium between the two extremes. I agree with Dr. Tucker when he says there should be a closer relation between medicine and dentistry. I believe that dentistry is a part of medicine, and yet I believe that a dental college that is purely a dental college is the college for the education of dentists. I believe that a dentist has to work with his fingers; he has to be an artisan and then a scientist, in such a manner that we can become professionals. We must be medical men and sometimes we must call in the aid of our medical physician; and yet I must believe that the primary idea of medicine is skill with our fingers.

The subject was passed.

The subject of Physiology, Histology, and Necrosis was called.

Dr. Griffith said: I think it was ascertained yesterday that there were no papers on that subject. That being the case, I move that the subject be passed.

The subject was passed.

The subject of Crown and Bridge work was called.

Dr. Alexander said: For bridge work and crown work they appoint Alexander at once, as though I am a specialist. I am not. I try to be a dentist all round. I am not prepared to say anything on the subject. I brought along some models, which I shall show this afternoon.

Dr. Everitt said: I am glad to see Dr. Alexander here, and, in addition to the models, we have a live subject for

him to clinic on at 2 o'clock; and as he promised me very faithfully that it would give him very great pleasure to give us a clinic, I have prepared it for him.

Dr. Jones said: I have not anything to say specially upon any particular line of crown and bridge work, except that I think there is one feature of the crown work that might be mentioned which is very much overdone. That is the indiscriminate use of gold crowns upon the anterior teeth. I think that practice is to be condemned.

Dr. Carr: I think our friend, Dr. Osborne, expressed a very wholesome sentiment in a few words when he said that a man who puts gold crowns upon front teeth ought to be sent to the penitentiary. I think he is about right. It should not be done. You see among the poor class of people as you walk on the streets the glittering of gold in the mouth, and they are advertising all over the country, and they are having the crowns put in.

Dr. Horton said: I would like to ask Dr. Carr what he would do when a patient insists upon a gold crown?

Dr. Carr: I would say, I have been practicing twenty-five years and have never yet put a gold crown upon a front tooth. I have been asked a great many times to put a gold crown upon a front tooth, but I did not do it, and I do not expect to do it. I expect to practice dentistry twenty-five years longer, and I never will do it. If it becomes necessary, from the recession of the gums, then that, I think, is excusable, because you get a more satisfactory piece of work and the crowns do not show, only the tips of the cuspid teeth to which they are fastened. I think in a case of this sort it is admissible.

Dr. Horton said: I would like to hear an expression on the point in regard to hood and open-face crowns. I would like to have his idea of open-face crowns.

Dr. Carr said: The Alexander hood-crown is most excellent. As a rule, I do not think favorably of the open-face crown.

The subject was passed.

The subject of Operative Dentistry was called.

Dr. Turner said: There seems to be no paper on this subject. I regret this, exceedingly, because this subject is one of very great importance to us. Ordinarily it arouses more interest than any other subject that is ordered for our consideration. I regret exceedingly that nobody has written a paper on this most important subject. I do not know that I have anything particular that would interest the Society. There is, however, one protest that I would like to enter against the practice of many operators of exposing to view large gold fillings in the anterior teeth. It is almost as bad as the putting on of a gold crown for a man to cut off the labial wall to gain access to the ordinary cavity. I have seen beautiful women who have been marred for life by some thoughtless or unskilled dentist who simply takes a burr and goes into a cavity from the anterior or labial surface. We have all seen it, and it is outrageous—it is a crime. It ought not be tolerated by the better class of dentists, or any class of dentists. I have seen numbers of cases where ladies with comparatively strong teeth where the cavities have been inlaid with gold in such a manner as to show the fillings in almost every tooth when she laughs or is engaged in ordinary conversation. I was very much struck with an article written by Dr. B. Holly Smith and read before the Boston Society last winter, and I think, if you gentlemen have never read that article, you would be greatly profited by reading it and seeing the manner in which he has treated this subject. In nine cases out of ten the difficulty is that the dentist does not take time enough to get room in which to operate. If any cutting away is necessary it should be on the lingual wall. Frequently one plunges his burr into the tooth from the labial wall for the reason, probably, that it is more accessible and makes the operation easier.

I think that this is a matter of great importance. Dentists should not insist upon operating when they have not sufficient room and can get it only by cutting away the valuable structure of the teeth.

Dr. E. L. Hunter: I would like to say that in dentistry there are two crimes, if you choose to use the term in this connection. One, however, is an uncertain crime; to show too much gold is a matter of bad taste. But to have a failure afterwards—that is a crime. And when you open entirely from the lingual surface and fill a tooth, the margins of that tooth will come together again. When the margins come together they will decay again, and there is no such thing as safety for any filling where the cavity is not cut so far as to make it impossible for the margins to come together again when the teeth come back together; and therefore I think it best to cut away both the labial and lingual surfaces.

Dr. Crenshaw said: Mr. President, I think Dr. Turner's caution is a timely one and a proper one, especially where the labial wall is strong and deep, I think it is very inexcusable to cut this wall away. Ordinarily we find that the under wall is the weakest and has decayed most. That will be found to be the case in the majority of instances when these teeth are decayed, but when the labial wall as well as the lingual is thin and begins to show the crescent form, why then, the best we can do is to cut away both walls. We all know that we should have a strong wall against which to condense the gold in filling the teeth. I dislike as much as anyone to cut the labial walls, and for that reason, where it is possible to fill the teeth without cutting the labial wall, I think *that* is the highest art of filling teeth. As to the matter of recurrent decay around such fillings, I do not believe it is likely to come if the cavities are extended far enough to let the gold—let the fillings—knuckle-touch. Still, from the center of these

teeth, labially or lingually, there is very little margin to get contour, because the tooth is more rounding. That is the difficult thing to do. I do not believe that we may expect recurrent decay if these teeth are properly contoured and rounded up. The life and usefulness of that tooth, if carefully filled, ought to last indefinitely if the patient has been instructed in the necessity of keeping those teeth clean. I believe that every dentist who is true to his calling and interests will take occasion, after every operation which he makes, to deliver a charge which ought to lodge with the patient, that "now the best has been done for you that we can do, but your teeth are not so perfect as they were before they decayed at all;" and if you can impress them that they must do something from this on, I think they are safer with the fillings. I believe that that work must go on from dentist to patient, day by day, one case after another, and that way alone will be the best way of protecting them against the future decay of teeth.

Dr. Osborne said: I wish to say this much about showing the gold and not showing the gold: We did not know until a while ago that it was wrong to show gold, but we have diagnosed the case as presented. If we are going to show the gold throught the dentine, I believe the safest way is to cut away all frail, no-account walls. I want to get where I feel I am at home. I know you do not want to hear me talk about amalgam. I am an amalgam man, and I could not tell you anything about it but what you already know. But in looking at this subject and studying it and watching it in my practice, I could hope to do nothing but emphasize a few little things that you already know about the work. Some say that there is no such thing as low grade and high grade teeth, but I believe there is. I believe there is almost a universal practice among dentists that they do not give this class of work the time and attention that is necessary. They go at it like a carpenter.

They do not properly prepare the filling material nor finish the fillings properly. I think this is the reason we have a lot of teeth that go to rack and ruin. I believe we ought to think of what kind of material we are to deal with. The main idea ought to be to get out every vestige of decay. Many dentists, because amalgam is a cheap filling, do not give the cavity the proper attention, do not prepare it thoroughly before filling it. I believe and I think that is a wrong thing to do. I believe that the majority of the dentists give it more attention in the insertion of gold than they do amalgam. What sense is there in it? I just wanted to say about that much.

Dr. Jones said: I have listened to the discussion and some very good points have been brought out by several of the gentlemen. Our Dr. E. L. Hunter is such a good dentist I always listen to him, and I was glad to hear his remarks on the subject, but I am afraid that what he said might possibly lead one astray if you do not think of it very thoughtfully before taking his advice. That was about contouring fillings. I agree with him, but I think the general principle to be taught dentists is to try not to expose the gold to view on the labial surface if it is possible to avoid it. I believe that the fillings should be contoured when it is necessary, but many of us have seen the old soft fillings in the anterior teeth that have been there for years and years—filled altogether from the under surface—and I believe the ideal filling, the best filling, and one that does as good service, and that certainly is more æsthetic, is one that does not show. And no one that practices today will fail to observe that there are just numbers and numbers of teeth that are filled from the anterior surface without cutting from the under surface at all. I have seen that kind of work many times, and that is what I condemn. I notice that since I have been on the Examining Board that a good many students will fill the teeth from the front, and I knew

that they had had good teaching. We claim that dentistry in the United States is better than that which is done anywhere else—or, rather, we claim we are more successful—but we read that those people in France and Germany will not have fillings put in that show the gold. They prefer having cement put in, and I believe that we make a great mistake in showing the gold when it can be avoided. I do not think we can emphasize it too often that it is bad practice to fill that way, when it can be done differently.

Dr. Hunter said: If the margins come together they will decay again.

Dr. Everitt: I make it a point never to let this subject go by without saying a little something on it. I feel as Dr. Jones does regarding this practice of leaving the palatine wall of the teeth intact, especially where it is thin and frail, and cutting from the lingual surface and exposing gold where it should not be exposed. I condemn it. I do not think the profession is taught that system at all. I do not think it is good work, safe work, and it is certainly very unattractive to the outside world. The better class of people, no matter what nationality, object very seriously to what you might term cheap jewelry. There are classes of people, just below the middle class, German, French or American, that do delight in cheap jewelry, delight in seeing a great deal of gold exhibited on every tooth; you have seen that class. I am glad to say that they are not universal, however. But, "to go back a little bit" from that point of exposure of the fillings, I want to call attention to another class of fillings that I at first condemned most positively, and that is the class of fillings known as the "cast fillings" that was introduced by Dr. Alexander. When he first introduced these fillings some years ago I looked into it very carefully at that time, and I thought it was a very weak, frail piece of work, no stronger than the weakest part of it which was the cement, as I looked upon it. I did

not hesitate to condemn it, believing that they would be a failure before long, but I am already convinced to the contrary. I watched that class of work carefully, followed it up from time to time, and I want to say today I think it unquestionably, in the hands of a first-class operator, one of the best things that has ever been introduced by any member of the profession. It was my pleasure last September to visit Charlotte and see Dr. Alexander there, and he was so kind to me that I feel like I want to say something of his kindness here publicly. He voluntarily called in a number of patients, introduced them to me, and absented himself from the room that I might catechise them. I examined a number of fillings he had done years ago that were as beautiful and artistic as it was possible for a man to dream of. I have never seen anything in my life to surpass it, and as to their durability, it simply surpasses the soft gold fillings of that character, when the contour is very great. It has surpassed anything I have ever seen. I do not know of any man who can take the soft gold and contour teeth as he has successfully done with his cast fillings. I would like, of all things, if Dr. Alexander would be persuaded to open what might be called a post-graduate school for pupils like myself, who would like to learn something. I never saw him and talked with him that I did not learn something. I am sure that every gentleman here present will learn something from Dr. Alexander on a little piece of work that he will demonstrate this afternoon. He will show you something there this afternoon that will open your eyes. I wish that I had known that the subject of crown work was up, but it passed before I was here. I wanted to say something, so I will have to deny myself that pleasure.

Dr. Betts said: I would like to say just a word here. There is a point where this subject runs into crown and bridge work; so if I can bring out that point then I will

be in order. These cast fillings that Dr. Everitt has just spoken of and Dr. Alexander has introduced, to my mind, fill a long-felt want—I may say necessity—in crown and bridge work. I have found them very useful. Just for instance, where the four incisors are to be swung in between the two cuspids, we have been in the habit, up to this time, up until recently, of putting open-faced crowns on the cuspids as abutments, where they are sound, and Richmond crowns in cases where they are not sound. Some practitioners use the all-gold crowns for abutments in cases of this kind. It is now unnecessary. It is very much better to cut off the points of contact of these cuspids and construct for each one of them one of Alexander's cast crown fillings. These cast crowns, from the labial aspect, have very much the appearance of the ordinary contour gold filling; and by the use of these as abutments the four incisors can be swung in in a manner which will avoid a display of gold, and give strength sufficient for any ordinary requirements. I have made several cases of this kind and it is hardly possible to detect that they are artificial dentures. The abutments look like ordinary contour gold fillings. A word in regard to those hood crowns. This comes in the line of operative dentistry also. Where we would otherwise build up the anterior and the posterior surfaces of bicuspid with amalgam or with gold, I can make one of these hood crowns and get better results from it than by filling either with gold and joining across the grinding surface, or by filling with amalgam and also joining across the grinding surface. It is possible to get such perfect union of filling and cavity walls that a thin line of cement in there will serve well; and every part of the tooth structure, so far as mastication is concerned, is thoroughly protected, and it is easily kept clean—as easy as gold fillings, well contoured, or amalgam fillings.

The subject was passed.

Dr. Carroll read that part of the report of the Committee on the President's Address, which makes recommendations as follows:

We recommend that the Society *discuss* and *act* upon the following suggestions:

1. That we urge the colleges to raise the standard of academic qualifications for matriculation.
2. That the State provide dental service for the inmates of the Deaf, Dumb and Blind Institutions, and State Hospitals.
3. That the Society pledge itself to a more rigid enforcement of the dental laws.
4. The formation of local societies in co-operation with the State Society.
5. That every member who has paid his dues for twenty-five consecutive years be given a certificate of life membership and pay no more dues.

Dr. Rominger said: There is one feature of that to which I wish to address myself. I understand that that committee has simply advised that this be discussed and that the Society take action upon such matters as it sees fit. So I feel free to address myself to one matter at least in the committee's report which is taken from the president's address. It has been the purpose and ambition of all true dentists ever since I have been a member of the Society to elevate the standard of our profession, that we might take the position that we desire—which we ought to occupy—among the learned professions of the day. It is that point to which I wish to address myself. Now, when Dr. Crenshaw was on the floor a while ago, speaking with reference to the various sciences to which we are akin, etc., I thought he made some very nice distinctions, to which I heartily agree. I do not wish to discuss the points as to whether we are a branch of the medical profession or not; that is irrelevant. Neither do I care. I stand here with concientious pride that I am a dentist; that we are a scientific branch; I stand here with pride for the fact that we are a scientific body. Now, some one said this morning in the

discussion that the dentist was first taught mechanical art and then the science, hygiene, etc. Art is science; science is true knowledge. Whenever our theory and our practice do not coincide, there is something wrong with one or the other; our theory must be false; they must coincide if they are science; it is not solely hypothesis. There is where I want to draw the distinction. Now, then, we say we want to elevate the standard of dentistry. It has been urged that the colleges lengthen their course. I think the course is long enough. I believe that the technical training in the colleges is fairly good and thorough. My friend, Dr. Crenshaw, there, I think, will heartily agree with me that they are conscientious and they are exceedingly careful in the technical training which they give; but no number of teachers can give an academic education if he lacks that when he goes to college. You put that student in an academic school and let him be trained there, and he will be better prepared as a dentist or physician than if he spends the time in this technical school; and the difficulty is that we want the dental colleges to raise to a higher mark the requirements for matriculation. I think Dr. Crenshaw will agree with me, that we shall have men with broadened views when they start in dentistry, that they shall be rounded men.

We were talking about anatomy. Anatomy is a science; so is mathematics, but it is in the common schools that the men ought to learn these things; it is relative branches that broaden the man, that enables the man to grasp the subject of his life profession. I am pleading that we, as dentists, when a man applies for instructions, for office instructions, that we shall require of him a good academic education before we receive him. I have refused two recently on account of lack of educational qualification. Put your son in school and keep him there till he learns something, and then if you want him to study dentistry he

can easily do it. Now, then, some of the colleges have received men that are very incompetent in this respect. There has been somewhat of a rivalry among colleges to get students. We, as a dental profession, have a right to strengthen the colleges and urge upon them to raise the requirements for matriculation. Now you may take a man who is well trained in technical features in dentistry, and yet when he writes a letter to you, the orthography is such that it makes you think that you are lower in your own person—that you are lower in your professional standing—that you have received such a letter as that. That man will never elevate the standard of dentistry; that man can never serve the public as he ought to serve them because of his lack of early training. We have it in our power to correct this thing. We have men here in our midst today that have deplored the fact that they have common school dentistry. I wish I had had better training, and if my parents, and those who had the care over me had recommended that I go to school for a certain number of years, I would have been double the power today that I am. You know I am speaking the truth. Now, then, I want to plead for a higher standard of academic education. We can do it. We can shut out incompetent men in that respect, not because they are not good men, not because they are not well endowed; but, gentlemen, we are bound to receive this training, and a dental college or a medical college is not the place to receive it. And whenever they are doing that they are stepping beyond the cirriculum of their course; they are trying to do that which somebody else ought to have done. If I could make this stronger I would do it. I am trying to make it stronger, and I do hope that I shall have the endorsement of the members of this profession who feel the necessity of what I am saying; not only men who are college bred, but men who are practicing under these disadvantages. I am laboring under a

disadvantage, and I wish it were not so. I feel the necessity of what I am saying here; that we should have a better education; should be better prepared in the schools. I wish everyone was a college graduate, yet I do not claim that college graduates are only the best educated men. I want to plead that we shall elevate the standard of dentistry, and whenever we have done that the public will recognize that we are a learned profession. But if we are uneducated we are unqualified to take it. We cannot take the position of the learned profession, as we desire to take it, until we have started at the very beginning.

Dr. Turner said: Dr. Rominger is right about this thing, and there has been a question along this line for years and years; and the Examining Boards have come to a conclusion in that matter which I think has raised the standard of entrance qualifications in colleges. They have agreed now that there shall be a certain standard of education qualifications required by faculties and, of course, in that line which Dr. Rominger has suggested, these agreements are supposed to be fully complied with; and we can see from the examination papers that are presented to us that the colleges are doing, very fully, their duty in that direction. In fact, I have no reason to believe that they are not complying with the standard of education requirements upon which the Faculties' Association have agreed. I think, Dr. Crenshaw, that no person is admitted that is not competent to enter a high grade of the school. In order to develop that, if he has no certificate when he goes before the dean of the faculty, he has got to have a certificate from either the school in which he has been examined or he has to be examined, if he needs anything of that sort.

Dr. Crenshaw: It must be that he is able to enter the first year's work in the high schools—the standards that are required there.

Dr. Turner: If you all could know what qualifications

were demanded before that time, you would see what progress has been made in that direction, and I think I am right in saying that that was the agreement between the Faculties' National Association and Board of Examiners; and I agree with Dr. Rominger thoroughly. It would be better for a man to have a degree from the college if he wants to get quickly and closely into the special studies to practice professional dentistry.

Dr. Griffith: I would like to inquire if there is a case on record where any applicant was refused admission to a dental college on account of lack of education. I want to know if there is a case on record.

Dr. Crenshaw: There have been very many who have been refused on account of insufficient education; not so many in our city as are reported from some other schools. We have refused admission into our schools perhaps half a dozen men in the last five or six years since this educational contract was entered into. A student must be able to enter —he must have *completed* studies of the first year in the high school. I do not keep well posted upon that, but I think they are going to move one step higher. I do not state this to be a positive truth; but the advancement is gradually but surely coming. If you will permit me, I want to say that the suggestions in the paper, only a part of which I heard, and the remarks made on it by Dr. Rominger and others, are exactly what I believe the college men think is right and should obtain; but there are some difficulties in this. You can advance this as rapidly as perhaps the practitioner alone in dentistry might think would be best. He views the subject from all sides, and I wish the college man would also view it from that. Our interests influence us unconsciously sometimes, and perhaps consciously sometimes. You take the experience we have had in educating young men for dentistry; we do not find that the best educated men that come to us make the best

dentists. They do not do it, by a long shot. I have seen young men come in who look like they ought to be better prepared to throw a sledge-hammer than to make a dentist, and after theee years' work come out to be the best practical men, and that the men with certificates or diplomas fall far behind them. Now, if this is the case, what is the best for the public? It is the exception, however, and not the rule. Education did not make him that way, but if you deny that man because he is not educated, then you deny the people a good man. [A voice: "And you give to the profession a man that will hurt it worse than the public will suffer from not knowing him."] You are going to know it by trying him. That is the way to find out. I am not arguing that we should admit everybody. There are exceptions that men who have no education at all make the best practical men, and well educated men we cannot get up at all; and the untaught man is qualified practically and disqualified because he is not educated. So I say there are difficulties which are to be evened up and are to be considered. The Boards of Examiners give certificates, some of them—I do not know what the rule is here—will give permanent certificates to undergraduates.

Dr. Jones: Under the laws of North Carolina any applicant can come before us whether he has ever seen a dental college or not, and we have to give him an examination. We are not to know him as a graduate.

Dr. Griffith: Special effort has been made to change that, but it has not been felt prudent to bring it to the Legislature.

Dr. Crenshaw: We are dealing with this matter as it applies to the public. But you see, if, after the schools are required to teach three years, and themselves require an educational requirement, the Boards so take a man and license him after he has attended one session that as good as graduates him, for he will not come back to us to finish.

They have given men permanent license on attending one course, and yet they require them to attend three; that graduates this man. You do not get them back in the school, with very few exceptions, so there is another difficulty. I believe we have in Georgia the best system of all. They will not give a man a license that is not a graduate, however competent he may be; and whenever you do that you are consistent in requiring the schools to teach three and four years. Don't you see how inconsistent that is? That has got to be adjusted.

Dr. Griffith: I would like to ask you to state what is your procedure in conducting these preliminary examinations?

Dr. Crenshaw said: They must bring a certificate from the county school commissioner as to whether he is entitled to enter. If they have not that certificate we put them under our state school commissioner to be examined. That has been done in both the schools in Atlanta. It is very trying to have a man come there and take an examination like that. We had last year twenty-five men to come that had no certificates at all. We took them in bunches of ten and a dozen to our state school commissioner, and he appointed a man to examine them, and under his authority and direction it was done.

Dr. Griffith: Our school standard is not very high. Suppose a man who has taught school in North Carolna should come to you with a teacher's certificate issued by the county superintendent of public schools, would your school receive that?

Dr. Crenshaw: We would not now, because the standard has risen.

Dr. Harper: I think that subject has been discussed all that is necessary. I wish to direct attention to another one of the recommendations of the President, and that is to supply dental service to our unfortunates. Medical services

are supplied by the State to these State institutions that are caring for the deaf, dumb, blind, and insane, and I do not know any reason why dental service should not be supplied just as well as medical service. Our unfortunates are not cared for as they ought to be. I say it in the Senate chamber, I say it without fear of contradiction, that the assembly that assembles here next December, I believe, will not do this to the unfortunates of our State; it has not done its duty; it has made provisions in various ways, but the unfortunates of our State do not receive the attention that they ought to. Only last Sunday, as I came up here, there was an unknown man brought to the hospital, and the gentleman that was bringing him told me that for thirteen or fourteen months that man's family had had the care of him; that he had attempted to take his own life and that he would have been brought to the asylum long ago, but that there was no room for him. But they arranged after a while to get them to take him to the hospital instead of taking him to the county jail. I am anxious to see these unfortunate people protected, it matters not what else is neglected. It is a shame. Now, the oral cavities are almost as important as the stomach. In fact, the breaking down of the stomach process is often due to the disorders or neglect of the oral cavity, and if we could take some of these individual cases and trace them, it may be that many a case of insanity has had its origin in disease and neglect of the oral cavity.

Dr. Rominger: One point to illustrate what Dr. Harper said. Some years ago there was a lady brought to me who was suffering with some disease, and she was largely demented, and asked for an examination. I found a diseased antrum which had been treated by physicians for years without knowing what was the matter with her. It was a chronic condition of the antrum; I relieved that, and she gained her health and soon her mind was restored com-

pletely. That simply illustrates the point that Dr. Harper has just made.

Dr. Humphrey: I heard Dr. Smith, of Baltimore, relate a case where a woman was suffering from a wisdom tooth which had not erupted at all, and she did not suspect that it was her teeth and placed herself under the care of a physician, and he treated her for quite a while and she kept getting worse and worse, and so became insane. He accidentally came across the case. Suspecting that this was the trouble, he got out the wisdom tooth and she got all right. I heard him tell that. I won't say he took the tooth out. He knew personally of the case. I heard him relate the instance.

Dr. Crenshaw: In speaking of dentists' being appointed in your insane asylum, I would like to mention what has happened in our State. You know how these things go. If you can point to another State's having taken this step you have got some advantage. This is an instance. It may assist you. That has been done in our State. We have a competent, satisfactory service rendered to the inmates of our State sanitorium. I will say that when that matter was broached the head of the department opposed it. The physician in charge said there was no need for it. But the board of trustees thought differently and they decided to appoint the dentist. The physician in charge came into line after seeing that the board of trustees saw it was necessary. He may have thought that it was best to agree with the trustees.

Dr. Turner: I was going to say that this thing was not without precedent at all; and I feel that it is a real necessity, particularly as we have in this city, or near this city, an institution of that kind which requires constant attention of somebody upon the inmates. I will say, however, as yet they have had to depend upon the various practitioners in the city, and I, for one, have insisted that

they should pay me a fee simply because the State ought just as well pay for dental services as medical services. In the blind asylum here they have got a number of children and I understand one of the dentists of the city is in the habit of rendering them service, such as extracting teeth, etc., free of charge. Well, this is very nice of him, but he ought not to do it. He ought to be paid for it. I think this suggestion is very timely, and I have no idea but what with the proper management it could be accomplished, not only for the insane but for the blind and dumb.

Dr. Harper: I call attention to one other: That the man who has paid dues for twenty-five years should be excused from further paying, I think is proper. A man who serves the profession for twenty-five years in North Carolina and pays dues for the privilege, then I think he ought to be honored for that life's labor; he ought to be relieved from paying any more dues. I will soon get there myself is what I am working for.

Dr. Spurgeon: As I understand it the first recommendation is already disposed of. It seems to me that the one thing necessary now is that the Society form some definite plan of action; that is, a committee be appointed in regard to this legislation question.

Dr. Carroll said: It is only a suggestion that it be brought before the Society, and there are two special suggestions that I make. One is that a special fund be appropriated for the prosecution of those who are practicing without licenses; and then in the last section you will find that the members who have been members of the Society for the past twenty-five years, and paid their dues for twenty-five consecutive years, be given a certificate of life membership without paying any further dues. I think that the committee would like for it to be brought before the Society and have it adopted.

It is requested that the first recommendation be read, which is as follows:

First, we urge to raise the standard of academic qualifications.

Dr. Griffith said: I move that the Society go on record as being favorable to that idea; that the colleges elevate the standard, etc., just as it is worded. [The motion was carried.] The second suggestion is that the State provide dental service for the inmates of the deaf, dumb and blind institution and the State hospitals. I move that a committee of three be appointed to confer with the institutions in regard to it and see if it is agreeable for us to introduce the idea, and, if they entertain it favorably, put it before them in the proper shape and report it before the next meeting.

Dr. Harper: This committee is to consult with the superintendents and presidents of the institutions and then bring it up in our Society. My idea is to bring this committee before the next Legislature, with the coöperation and support of the officers of this Society.

Dr. Turner: You are bound to use some discretionary power with the committee. You cannot specify exactly what the committe shall do first or last. You must know you are bound to get the coöperation of the physician in charge of this institution—you have to get him first—and then, if you leave it to the committee, they will, after they have had all possible influence to be favorable, have it brought before the Legislature, with the aid of the physician as well as the Board of Trustees.

Dr. Crenshaw: Let me ask if the Board of Trustees have the power to appoint these men?

Dr. Turner: The truth is that it depends upon the men of the instution. There are in charge of some of these institutions men who will talk the necessity of it because they feel it is necessary. I have no idea they would feel authorized to employ the constant attendance

of a dental surgeon. There is another point which makes it necessary that you should have a committee that should have some idea of that kind of work, because you have got to get the Board of Health of North Carolina to endorse this movement. This is a very important matter. The Board of Health has a great deal of influence, and all these things have to come before them if we make a move of this sort.

Dr. Griffith: I move that a committee of three be appointed to confer with the trustees or proper authorities —Board of Health or Directors of the State institutions—in regard to supplying dental services for the inmates.

The motion was carried.

Dr. Tucker was called to the chair and Dr. Spurgeon said: I have given that subject a good deal of attention and I am convinced, no matter what kind of law you have, if it is left for some fellow to enforce it just because some competion is going on in his territory, it will never be enforced, and I do not think it can be enforced for that purpose; but we have now our Constitution and By-Laws which provide for a Committee on Ethics, and provides that this matter shall be in their hands. That committee cannot act without sufficient funds to carry out the expense of the suits. If it is done by this committee with the view of protecting the public from incompetency, in a great many cases it will be successful; whereas if it came in other directions it would not be successful. You have seen the results of incompetency, and if it can be gotten at the right way, give this committee sufficient funds. It will be very little trouble in securing a conviction, nine out of ten.

Dr. Griffith: I am entirely opposed to appropriating funds for somebody's doing wrong in this Society. We have a law which pays expenses of that kind. If there is a violator in your community it is your duty as a member

of this Society, as a member of the profession, to report that violator to the Solicitor of your district and if the Solicitor can not be gotten, it is your duty to call the attention of the sheriff to the fact that there is a man violating the law; and if he will not, do it yourself, and if the Solicitor does not attend to it, then sue him. You can do it. We can spend all the money we can collect here trying to make some little fellow satisfy another one in the community. We can not handle all cases because the Committee on Ethics cannot arraign a man who is not a member of this Society. The course that I pursue, I make myself personally agreeable to the Solicitor, and I talk to him about these things. On one occasion I showed him the law, and I told him that such cases came up in my country and I called his attention to it. But if a man should come in my town and violate the law I should see to it that he was arraigned.

Dr. Rominger: I heartily agree with what Dr. Griffith has just said. But it would have, it seems to me, a good moral effect for this Society to put this on record as to the rigid enforcement. For instance, every member pledges himself as Dr. Griffith said. I amend that motion by striking out the creation of the fund. That the Society pledge itself to the more rigid enforcement of the dental laws.

Dr. Jones said: We have had the same resolution passed and it simply emphasizes the point; but these empty resolutions, and passing them at different times, is not going to kill the disease. I have had numbers of letters addressed to me on these points, and just as soon as I notify the men to get up their witnesses I hear no more of them. The difficulty generally is with us in enforcing this law. We can have it done. All we have to do is to get the names and put them in the hands of the Solicitor, and I think he will do it. We, as dentists, can have this law enforced a great deal better if we try.

Dr. Griffith: Do you regard it as a part of your duty to look after these matters as a member of the State Dental Society?

Dr. Jones: No, sir, I do not. I do not object to answering the letters.

Dr. Turner: I have but a word to say. It is just as Dr. Jones has stated. The people very often say, "Why, here is a man practicing here." They seem to be struck particularly with the fact that they charge less than they do, and that seems to be the thing—they want to get rid of him. There has been a great deal of misconception on the part of many of the dentists living away from the capital. We, who have been nearer the capital and live at the capital, have had men to work out this thing in a political manner, because the class of men who disturb the rural practitioners do not disturb us. But we did this for the sake of the profession. After this law was passed without the aid of these dentists, they just had an idea—"Well, now, there is Turner and Everitt; their law is being violated here." They sit down and write to me "that your law is being violated." Just like it was *our* law more than that of anybody else! It was not really for our own personal benefit, but it was for the elevation of dentistry. The result of it has been, as soon as you pin them down to the fact that we cannot prosecute a man without witnesses, we cannot go there to examine the witnesses, and if they do not go to the trouble to get more than one good witness to testify in the case when the trial comes up, nothing can be accomplished, and, as soon as we tell them that, the correspondence drops—and there it is. It is the lack of coöperation on the part of the dentists all over the State. This is the whole truth of it. The Examining Board has nothing to do with the prosecution of these cases to prevent violation. The Society did me the honor to appoint me a special committee to look into these matters and to answer questions and to furnish funds

through the treasurer for all prosecutions, but I cannot, as an agent of the Society, agree to furnish any funds unless the local dentist gives me assurance that he has such material as will amount to a conviction.

A motion was made by Dr. Carroll that the third section be stricken out.

Motion was carried.

The fourth section was not acted upon as it was mentioned in the President's address.

The fifth section, or recommendation, providing for the exemption from yearly dues of any member who has paid dues for twenty-five consecutive years, is adopted as an amendment of Act V, of the Constitution and By-laws, and becomes a law after lying over one year, if then adopted.

Dr. Teague said: As it seems that Dr. Tucker's paper will not appear on your records, I wish to say to the Society, as a compliment to Dr. Tucker and for the good of the Society, I shall publish the Doctor's address in either the July or August number, and if any member of the Society, whether a subscriber or not, will send me a postal card, I shall be pleased to send him a copy.

The subject of Orthodontia was called, and under that head Dr. Harris read a paper written by Dr. Booth on "Orthodontia" as follows:

ORTHODONTIA.

Mr. President and Gentlemen of the North Carolina State Dental Society:

I received a programme of this meeting some time since, and in looking over your committees found my own name on one of them. Now, sir, I admit that there was a time when it made me feel good to see my name printed, and especially with the prefix "Dr.," but in this case it made me feel—in the words of Mr. Collins—that "Man, born of woman, is of few days and full of microbes." He cometh forth like a flower, but is soon wilted by the winds of adversity and scorched by the flames of perplexity. Truly, I am scorched by the flames of perplexity when I attempt to write on this subject. It makes me feel my own littleness to think that this paper is to be read before this, such a learned body of dentists. The subject allotted to our committee is Orthodontia. Now, gentlemen, I wish

to state in the beginning that, having the misfortune to lose some of my models, I will have none here to exhibit, but will deal with the principles of the subject and not the details, and I wish to state, too, that my dealings will be short. That Orthodontia is a science of increasing importance is a very evident fact, and it is a science that should be carefully studied by every dentist. It should be taught more thoroughly in our colleges. All of us who hope to be successful in the treatment of irregularities of the teeth should cultivate the habit of observing and carefully studying the normal as well as the abnormal lines of the human face and their dependence on the teeth. We see faces every day, almost, that might be called beautiful when in repose, the beauty of which is destroyed and some of them become almost hideous by the exposure of a set of irregular teeth, in the act of laughing or talking. Now, it becomes our duty as dentists to correct these deformities, and to be able to do this we must first have some idea of how a normal mouth should look. I cannot impress too forcibly the necessity of having on hand a number of models of normal mouths and studying them constantly. A model of a perfectly normal mouth is a rare possession of a dental office, and I dare say it would be no exaggeration to say that you would not find one in every dozen offices in North Carolina. Now, gentlemen, how are we to obtain suceess in the treatment of pathology without a thorough knowledge of physiology? Therefore, the importance of having this knowledge can hardly be over-estimated. When we see a perfect mouth, ask for an impression of that mouth and preserve the model for future study. Get as many of these models as possible; you can't have too many; for we see mouths that are perfect, or those we term perfect—none are absolutely perfect—with teeth of different shapes entirely. Therefore, the evident necessity of having as great a number of these models as possible. When a patient comes in for an operation in orthodontia, what is the first thing to be done? Get correct impressions of the whole mouth, both upper and lower teeth, study the models carefully; also make a close study of the patient's face. We should be able to see, in our mind's eye, the case after it has been corrected, before we even start the operation. And a thorough knowledge of what is to be done and how we are going to do it will make the operation shorter and render the service a great deal easier; that the patient has a right to claim from us. Decide on the appliances to be used, and right here let me say, let all of us be skillful enough to make our own appliances. Those we buy already made—Angle's, Knapp's, etc.—are all right for some cases, but we cannot find any one appliance that will do for every case. In fact, I have never treated any two cases with exactly the same appliance. Be sure you use a sufficient number of teeth for anchorage or your anchorage may move instead of the teeth required, necessitating the removal and changing of the whole appliance, the loss of time and unnecessary pain to the patient. As a positive action is required in the moving of teeth, I do not hesitate in saying that the screw appliance stands par excellence, as we can regulate the force applied and

the movement of the teeth to a minimum. Remember, in the moving of teeth, that the best results are obtained by only using the proper amount of force to stimulate absorption. The use of too much force serves only to defeat the object desired, for it retards absorption and restoration, causes unnecessary pain and inflammation, and therefore endangers pulp life. The use of rubber is to be avoided in every case if possible.

When the movement of teeth has been started, it can be arrested as often as desired, but never should the teeth be allowed to spring back, as this will interfere with the osseous deposits, and on this depends the success of the entire operation. Never, if it can be avoided, remove the appliance for modification or for cleansing. It can be, in almost every case, cleansed without removal. The removal and replacing of appliances has been the cause of almost all the pain and soreness in regulating teeth. And intelligent dentists can, in almost every case, move a tooth with comparatively no pain, and most of us care too little anyway about how much pain we inflict on our patients. In some cases, if our patient be an intelligent one, we may give him a wrench and instruct him how to use it, turning the nuts every day, and thereby saving ourselves and the patient a great deal of time. However, it is very important that he should have stated times to come to your office, and insist that he be prompt in coming at those times. Compare the original models with the natural teeth at every sitting, so you may know exactly what you are doing, and, if any, what changes are necessary to be made.

When the teeth have been moved to their required positions, they should be retained in position, motionless, and this is a very hard thing to do unless exact occlusion has been established. Now, a retaining appliance should be made that can be worn by the patient without inconvenience and should be worn until perfect firmness has been established. The time required for this will depend somewhat on the patient's age.

Lastly, I will say that irregularities of the teeth are almost always associated with some pathological obstruction of the nasal passage, and this being the case, the dentist should always be on the lookout for such and the necessary examination be made, and if such obstructions be found, the dentist's work can only be completed with the assistance of a competent rhinologist and laryngologist.

Always charge enough for your work. It will make your patient think more of it and you will think more of it yourself. I think I am perfectly safe in saying that the correcting of any irregularity is about three times as much trouble and expense as will be estimated by the young dentist. Therefore, charge about three times as much as you first estimate the case to be worth, and you will be somewhere in the neighborhood of the right fee; and, above all things, be sure to get what you charge, or, better, don't charge it at all.

Dr. James: I want to commend that paper and I think it is a very unfortunate thing that we have had so many

foolish things, and time taken up with them, and when this paper is read only about one-fourth of the membership is present. There are many valuable suggestions in that paper, and I do not think we give that subject as much attention as we should.

Dr. Horton: I am very much interested, but I cannot agree with the Doctor that an irregularity can be remedied with comparatively little pain provided the pressure is kept regularly. I have found this, that a little movement of the teeth causes just as much pain as a great amount of movement. I am very much interested in this subject and study it a great deal, and I further believe that any logical case where failures occur to a great extent are due to the fact that the case has been turned loose too soon.

The subject was passed.

The Society adjourned to meet at 2 P. M.

Afternoon Session.

The Society was called to order at 2 p. m.

The whole afternoon was taken up with Clinics.

THIRD DAY—Morning Session.

The Society was called to order at 9 a. m.

The Publishing Committee made the folling report:

REPORT OF PUBLISHING COMMITTEE.

The Publishing Committee beg leave to report that the proceedings of the last annual meeting, held at Morehead City, were promptly edited and published and delivered to the Secretary of the Society. The committee desire to apologize for having omitted the names of a few of our members from the printed list, necessitating the insertion of an errata

embracing the names of those inadvertently omitted. The list, however, was complete in this form, and the same mistake would not occur in the future. There are also some typographical errors, and other minor errors which were very hard to avoid, and for which we have to apologize. The work as completed, you have all seen, and we trust it has been a pleasure and profit to you in the perusal of its pages. The bills were all promptly paid, and receipts placed in the hands of our Secretary.

Respectfully submitted,

I. N. CARR, Committee.

The report was received and the committee discharged.

"Oral Surgery" was the next subject in order.

Dr. J. S. Betts said: I have to state before the Society that two members of my committee were Providentially prevented from contributing anything on this subject. There is no paper to be read; but I have two very interesting cases involving conditions that are liable to be met with in every-day practice. One in my own practice, and the other was kindly sent me by my friend, Dr. Henry W. Morgan, of Nashville, Tenn. I will read his own description of his case and will show the case here; I have also some curios he sent along that bear interesting relation to this subject.

The history of the case was read, as follows:

The history of the case briefly is about this: The little son of Mr. W. H. C., three years old, was brought to me by his mother, about the middle of January, 1901, to see if I couldn't "tighten the Molar teeth on the left side of the mouth,"—the deciduous Central, Lateral and Cuspid had already fallen away. The first peep into his mouth revealed the fact that the upper left Maxilla was denuded of gum and exposed as far up as the depth of the alveola process; it was very foul and yet not very loose. Believing it would be better to let it remain as long as possible, as a matrix for the retention of the developing permanent teeth, and in the hope that the new development of bone would take place under it in such a manner as to preserve the developing permanent teeth, I did not remove it at once. Our attention was directed to encouraging sequestration, and, as far as possible, keeping the mouth clean. About March the 1st, I was obliged to remove the bone which I send you. I found it quite loose and took it away by grasping with a pair of dressing plier. the crown of the Lateral and Central coming away with the sequestrum. The Cuspid remained in place, embodied in a new gum-tissue, and I had

hopes of saving it. A month later, it was necessary to take that away. The disease and exfoliation followed scarlet fever. The child was very much run down, thin and emaciated. He was built up with Fellows Syrup of Hypophosphites. Recovery seems to be complete. There is no evidence of deformity yet, and but slight interference of speech.

And the other case I will just describe; it came to me in my office three years ago, I think.

Mr. M. brought his little girl to me to see if I could not stop the bad smell that came from her under jaw. She was eight years old at the time and had just gotten up from a spell of typhoid fever. The fever, her father said, had "settled in her lower jaw and smelled mighty bad."

Upon examination I found that the diciduous teeth from the right lateral to the sixth year molar on the same side were resting in a mass of black, dead tissue. Upon closer examination I discovered that there was extensive necrosis of the process. With the removal of the deciduous teeth one by one, it developed that the necrosis extended into the jaw bone. In removing particles that were easily taken away with an ordinary root forceps, I discovered that an entire transverse section would have to be removed. The line of demarkation was so nicely formed that very little difficulty was had in removing the entire transverse section; and in coming away it brought the sixth year molar and the unerupted cuspid and first and second bicuspids with it. They appear in the specimen I have here with me, which will be very interesting for each one of the members to look at.

After removing the transverse section, as I have described, and smoothing down the jagged ends of the jaw bone, it was swabbed out with *pure carbolic acid crystals*. From day to day, for ten days, antiseptic wash was used. Very few pieces of bone worked out, and in three weeks the tissues were beautifully healed. Nature threw out a kind of gristle and united the two ends of bone (with very little shrinkage) and in three months the gristle became almost as hard as bone. The twelfth year molar is now in place and the child cau masticate food about as well as she ever could. There appears no marked deformity of the face, as will be seen by the picture of her which I have here, which I will show you, together with articulated models of the case as it now is, three years after the operation.

Dr. Reid said:

Mr. Y. brought his little daughter, seven years old, to me for treatment. Upon examination, I found necrosed bone, involving the inferior maxillary on the left side, from the first bicuspid to the angle. Mr. Y. told me that about two months previous to that time, that the six-year molar had abcessed, causing considerable trouble. He had two physicians with her.

I began the treatment by packing between the necrossed bone and the gum-tissue iodoform gauze ; also washing out the parts with 3 per cent. solution of peroxid of hydrogen. I gave a strong antiseptic mouth-wash to prevent the spread of the disease. I continued this treatment for about two weeks, seeing the patient every other day ; at that time I removed the dead bone.

My brother then made a bandage for the jaw, which the patient wore for about two months. I then dismissed the patient. I saw her about a year after and she was getting on nicely ; a ridge of cartilage being deposited where the necrosed bone had been removed.

Mrs. M., a lady about sixty years of age, came to me complaining of dull pain in the region of the left antrum ; it had an offensive discharge from the left nostril. The left cheek was swollen. The posterior teeth being out, I extracted the left canine, going through the socket into the antrum. I then washed out the cavity with warm salt water, following with a 3 per cent. solution of peroxid of hydrogen ; also washing out the cavity with a solution of Carbolic Acid, 1 dram ; Tr. Iodine, 1 ounce ; Aqua, eight ounces. I continued the treatment for a month. A complete cure was effected.

Dr. I. N. Carr : Especially in regard to the amount of puss he found in the antrum cavity, I will recite a case that occurred in my practice :

A lady came to me who had been suffering terribly from what she had been told was facial neuralgia ; the face was swollen and eye almost closed. I opened into the antrum and took my syringe with warm carbolized water and washed it out thoroughly. After I injected that water she expectorated two tablespoonfulls of the most offensive discharge that my olfactories had ever come in contact with. After washing it out several times she was entirely well.

I would like to recite another case :

A little boy was brought to me who had met with an accident in swinging. In the accident he had sustained a blow on the mouth which broke his four incisors out. He was about ten years old. They took him up to his home in the country, about four or five miles distant, and left the teeth on the play ground ; one was hanging very loose in the mouth. It was at least four or five hours after the accident before I saw the patient. I asked where the other teeth were and we got those other teeth. I cut off the end of each root and smoothed it as best I could and filled the roots thoroughly with gutta-percha, and put all those teeth back in his mouth and treated him every day. I gave him a good mouth wash, and it was surprising how quickly those teeth were made solid and healthy again. At the end of two or three weeks time I

took the ligaments off, and today those teeth are as firm as ever and have a good color. Of course, the nerves were removed, and the appliance was the simplest thing in the world. I kept it there and never changed it from the time I first put it on there..

Dr. Jones: I have listened to these two cases with a great deal of interest. I would like to describe a case, and would like to hear suggestions from those present as to the treatment I should pursue.

A boy about ten years old was brought to my office by a physician, and he had the deciduous molar on the left side extracted—large molar—about a month previous to the time I saw him. In the extraction of this tooth I did not know whether any injury was given or not. It was a question; I rather thought there was not. I could not get a very good history of his case. I questioned very closely his mother and father. But, anyhow, when the boy was brought to me, in opening his mouth I was astonished to see puss oozing from his mouth from one side to the other on the lower jaw; from the first molar on one side to the first molar on the other. I commenced treating the case every day, and I think it was with decided benefit. He could scarcely rest at night for the puss was so abundant it flowed out on the pillow. I treated it with a preparation, 1, 2 and 3—you know what the constituents are. Then, in addition to that, sulphuric acid, but that I used very moderately, so far. There has been much improvement in it. I have been thinking possibly I could save his teeth. They were very loose when he came—the permanent teeth. Since that time a second bicuspid has made an appearance where this tooth was extracted, which shows that the germ of that tooth had not been destroyed. By probing I found necrosed bone all around, and while healed considerably, there is a little puss oozing out. From all information I have had from reading, it takes some time for that bone to be so separated by a line of demarkation that you can get it out without any trouble. So I have left it, thinking, perhaps, I may save some of these teeth, and for the reason I thought it was not time to operate. I would be glad to hear if I have pursued the right course.

Dr. Everitt: I think, sir, that Dr. Jones has given an exceedingly interesting case here, and I think further, that he has pursued the proper treatment in the case with the exception that I differ with him on this point only: that I should have used more positive treatment in the way of acid treatment. I may be a crank on the subject of acid, but I have had great success in some little treatments that I have had in the use of sulphuric acid. In

the case of necrosis I have invariably used this course. After ramming and packing I use warm water; instead of washing gently, as he spoke of, I use considerable force with hard rubber syringe with warm water. I expect that the acid treatment has eliminated the dead bone from the live, healthy tissue, and the force of the warm water will wash that out of the sockets. I find that to be absolutely true. In many cases they will eject it into the spittoon. After using the warm water I take the acid and wash thoroughly and then rest the patient for a few moments; and I have never commenced with the acid with a lower percentage than 20 per cent. acids and gradually rising up to 50 per cent. In several cases I have used the commercial acid from 80 to 85 per cent., the purest acid we can get, especially in older persons and where I want quick separation from the dead and living. Wherever you see a loose piece of bone you want to remove that at once, because you are going to have local irritation and trouble if you do not, and as fast as it is loosened up you want to remove it.

I have a case on hand now that is not extensive, but would have been a very extensive piece of necrosis in the course of a few weeks. Dr. Fleming here, and Dr. Betts, I know, saw it, because he (Dr. Fleming) removed the teeth for the party. The first intimation of trouble was an abscess from a second lower bicuspid, left side, and the disease spread very rapidly. The first intimation of the trouble was in March last and extended very rapidly until the necrosed condition passed from the first bicuspid on the right to the angle of the jaw on the left. Dr. Fleming removed the teeth on Saturday, took his lance and cut the entire tissue between the sockets of teeth, separated it thoroughly by packing with gauze. On Sunday I proceeded examining on the right side, where the extraction was made, and passed around to the left of the angle, removing every particle of loose bone I could discover, and then took a

large burr, trimming down as smoothly as possible all sharp points, washed it out thoroughly, as I described, repacked with the iodoform gauze and kept it in that condition. At the time the operation was made there was intense swelling of the jaws, extending to the left temple. On the operating day for the swelling I used hot water, which gave him very great relief. On the following day, Monday, I removed the packing and got out every piece of bone that was overlooked on Sunday, and dismissed the patient for two weeks. On his return that swelling still existed there. There had to be a drainage, so one was made under the chin, and was packed with iodoform gauze. That swelling is now gone; every part in a healthy condition except on the left. On that same day I removed probably half an inch of bone just at the point of the wisdom tooth.

I think we make a mistake in using acid; we do not use it strong enough. I am using 50 per cent. on him—started with 25 per cent. and got up to 50 per cent.; 50 per cent. is too strong for a child. For a child use about 10 per cent. and raise it to about 25 per cent.

The subject was passed.

Dr. Perry read the following paper on Pathology and Therapeutics:

PATHOLOGY AND THERAPUTICS.

There are two kinds or classes of germs that produce decay of the teeth; first, aerobic or chromigenic. Second, anerobic or non-chromigenic.

The aerobic germ produces coloring matter, while the anerobic does not.

I would not like for you to get the idea that I mean the germ causes decay within itself, but it is the product which is acid. This acid dissolves away the enamel and gives a shelter, as it were, for the germs.

Whenever a crack appears in a tooth it will progress very much like a piece of ivy insinuating itself through lattice; it doesn't seem to make very much progress until it gets through on the other side, then it begins to flourish and the part that has passed through is soon much larger than the part over the other side the opening. So it is with the germ; he doesn't get in his work until he is well established. So, a very small

aperture, from outward appearance, will reveal, on investigation, a very large cavity.

This aerobic or chromigenic germ cannot live without air and must have something besides tooth substance to feed upon; therefore, when most of the decay has been removed and the margin of the cavity filled perfectly, decay will be arrested.

But there are a very few dentists I would trust to filling these cavities. I would not trust myself; but with non-cohesive gold it can be done. For the old dentists of our boyhood days were not provided with instruments that would enable them to remove all the decay. We find teeth that were filled fifty years ago in good condition. Extract these teeth, remove the filling, and you will find a black mass of decay—germs dead for the want of air. We find it dark under all these old fillings, because whenever they filled a cavity that was caused by the anerobic germ, the tooth has long since decayed and been extracted. Often we see teeth decay nearly to the pulp chamber and stop, and that half of the tooth turns blue-black. Now, this germ has destroyed his own dwelling place by excluding the air with the product of the decay, and that tooth will stand for years without giving trouble.

The anerobic germ does not produce any coloring matter, which makes it more difficult to clean a cavity. It is more sensitive, and a nervous patient will often cause a careless dentist to cease trying to prepare the cavity as it should be. In this case I would advise putting something in the cavity to relieve sensitiveness. Now, there are so many such remedies that I hesitate in recommending any particular one. Give the drug time to act and try again, and if you fail, stop up cavity until next day and try it again. You had best work on this tooth a whole week and fix it as it should be than to get tired and fill to get rid of them, for you certainly will do it, and their friends, also. You should, of course, charge extra for your trouble. Don't smile it off and say it was no trouble at all, for you have been through enough to make you say words your mother didn't teach you. I know often it would have given me great relief to have said a few words, just as a kind of a blow off. But we must be good and take it all, and we will reap our reward on the other shore.

As the years pass away and our mental faculties are being cultivated at the expense of our physical endurance, we see more pyorrhea alveolaris and degeneration of tooth structure. Why is this true? The poor heathen, benighted and shrouded in darkness, worshipping his Gods made with hands, is rarely ever bothered with Riggs' Disease, or toothache. But we, the most favored people upon earth, with all we could wish for, are troubled with toothache and the many complications that arise therefrom. It is because we are living too fast. I would suggest that we educate ourselves to take less of the juice of the forbidden fruit, eat less rich food, take plenty of outdoor exercise, and the coming generations will show a great improvement.

We very seldom pick up a journal but that we see some advertisements

to cure Riggs' Disease. Many of these are good in their place, but you can never cure it with mouth washes, for it is a constitutional disease. All these antiseptic washes aid to heal local inflammation after you have thoroughly cleaned off all the deposits. Glyco-thymoline is the best thing I have tried to allay the local inflammation. I have had several patients with alveola abscess lately who had been treated with haste to preserve the nerve, or mummify, as it were. If a dentist had little reason enough to put it in my tooth, I should be mad enough to want to mummify his head for a minute. Sometimes they don't abscess during the dentist's lifetime, and sometimes dead teeth never give trouble that have never been treated, but if the patient lives long enough he will either have a fistulous opening around the root of the tooth or abscess. These teeth, when left in this condition, produce, in our economy, a point of least resistance and, soon or later, they will give rise to trouble. There may be some among us today that believe in this antiseptic nerve paste. All I can say to them is, "May the good Lord be good to you that you reap not what you sow." When once a nerve gets in a pathological condition or exposed and the tooth is fully developed, the only way is to remove nerve and fill the root. I am a great believer in antiseptic mouth washes and free use of the brush. I do not mean use every mouth wash that is manufactured, but those whose analysis is on bottle. All of these are not good for all mouths. The dentist should be the judge and advise his patients which to use with their particular case. The gums really need more brushing than the teeth, for if you keep the gums firm and healthy, you will seldom, if ever, have to fill the teeth. They should have thorough massage every day and it will promote circulation and make them firm. Whenever you find badly decayed teeth you will find spongy, easy bleeding gums. Food will not collect at the gingival margin of healthy gums. The teeth should be self-cleaning, and but for the serous exudation which seems to hold it around the neck of the teeth, they would be healthy to a great extent.

Tooth powders should be used with care. A good tooth brush, a plenty of water and floss silk to pass between the teeth is all we need.

Dr. Watkins said: I am very glad that Dr. Perry has brought out several very important and practical points, and I want to ask one or two of the older members to give us some information—tell us something about mummification.

Dr. Everitt: I think out of about twenty-eight cases of destruction of nerve and application of the mummifying process, in town where I have been able to watch them carefully, every case that I have tried with that prepara-

tion, with one exception, has proven a perfect success. And I think it is well to always speak of the failures more than the successes. The failure that I had was the case of a lower molar, the nerve of which had been dead for a number of years. I made four or five treatments of the root. It seemed to be in a healthy condition and I closed it up. Closed it up with gutta-percha as a test. In the meantime I went off for my summer vacation and was away for a couple of months, and two weeks after my return that case came to me pretty badly swollen. I removed the filling of gutta-percha and attended to the roots again and sealed it up the second time. In the course of three or four months the same swelling appeared again. That was a little over a year ago. I treated it at the time and sealed it up again. I used the gutta-percha in every case. Where I destroyed the nerve and applied the paste I have made them absolutely comfortable, so far as I knew. The way I apply it is a little different, perhaps, from the way others do. I make an application today, for instance, sealing it up very carefully. Tomorrow I will remove the application and take a round burr and go into the pulp chamber very thoroughly, removing all the pulp tissue in it; then apply creasote and seal it up and let it remain 24 or 60 hours, as the case may be. I seal it up carefully with gutta-percha in order to keep it dry. When that patient comes in again I invariably put on my dam. I want it dry. I remove my packing and also remove everything in the way of decayed tooth. I then remove the little packing that may be in the pulp chamber. I put in may paste and take a little cotton, wound around an instrument, and force that paste in with it. I pack it in, and the first thing I know the patient commences to squirm the least little bit; that is all right. After I have it packed in thoroughly, I fill the cavity up as I want it with cement, and then put in my gold or amalgam, as the

case may be. It has proven a success in my hands. It makes a good root filling and becomes very hard. I make it a paste sufficient to work so you can take it in your hands and make a pone of it.

Some one asked: Of what is that paste composed?

Dr. Everitt: It is published in the dental journals all over the country.

Dr. Fleming gives recipe as follows: Thymol, dried alum and glycerine, equal parts; oxide of zinc, sufficient to make stiff paste.

Dr. Reid: I use the same mummifying paste that Dr. Everitt has used. I apply the arsenic, remove the arsenic, cut out the nerve chamber down to the canal, remove all the pulp in the chamber, then I apply a good creosote, seal up the cavity as thoroughly as I can until the next day; the next day I put on the rubber dam, being careful to keep anything from entering the chamber, thoroughly dry out the cavity with hot air, then apply the mummifying agent and use a burnisher, a round burnisher with cotton, packing down the mummifying agent into the pulp chamber, as Dr. Everitt said, until the patient will give some signs of pain. On top of that I use cement, then fill with the gold or amalgam. And I have had no trouble so far, and have been using it two years. If I wanted to put on a bridge or crown I would try to remove the entire pulp. I only use this paste in cases where I think the root of the tooth is not straight. I think this is the best means to use in a case of that kind.

Dr. Judd: I had a case about a month ago. Someone had used this method about two years ago in the second molar in the right side below. He had applied this mummifying paste. The patient said the dentist had killed the nerve, and it was giving trouble; I had to remove a large amount of the filling, and when I opened the cavity I found that the pulp chamber was filled, I think, with

amalgam. I removed that, expecting to find the roots or the canals filled, but I found the canals were not tightly filled, it was loose in there. I treated the tooth and filled it and it has not given him any trouble since. I want to state right here that I do not think that will bear test in every case. This is one instance where it failed. I am sure that is what he used. It might be because he did not force it down into those root canals. If it becomes hard like cement and fills those canals thoroughly and prevents moisture from entering into it I think it might do all right.

Dr. Reid: There is the correct way for doing everything and if you do anything thoroughly you may expect good results. If you do it as directed you will meet with success, but if you half do anything you will always have trouble with it.

Dr. Benton: In '96, at Morehead, I asked if anybody had used it. I have had some failures. It was impossible to keep them dry, and, I think, in every case it was my fault. It is said that it was not necessary to remove the pulp, but I always make a point to do it as much as possible. I have never had an abcess to develop after using it.

Dr. Turner: I have had a limited experience with this mummification preparation. I have had two preparations, one prepared by the White Company—one sold by the White Company—and one according to Dr. Fleming's preparation, which he stated a moment ago, and in our local Society I have heard that it is being used successfully in the teeth which had the nerve to die or destroyed previous to the treatment. As I understand the treatment, it is particularly used where you destroy the nerve with some preparation of arsenic, generally removing the pulp right down to bifistular, or in the single rooted tooth down to canal proper. It is then proper to use carbolic acid and to introduce the paste and cement filling on top, not amal-

gam filling but cement filling. I understand that is the proper plan to be pursued where you take hold of the tooth and destroy the nerve. It is very much like many other things in dentistry and surgery which a man sometimes risks, because the circumstances are such that he can not do anything else. You take a wisdom tooth, for instance, where the roots are very irregular, are never perfectly straight, it is difficult to get at the curvatures and difficult to get at the teeth themselves, and you pursue this plan under these circumstances as the best that can be done. But I really believe and endorse the opinion of the Society that if you want to be certain, or if you want to be more certain that the teeth will give no further trouble, you had better take out the nerve and fill the roots.

Dr. Carr: I agree with Dr. Turner thoroughly about that; but you know it is an old notion in medicine, and whenever we put this mummifying paste in there, leaving the nerve faculties in the canal, sooner or later they dry up. If you have an air space in that canal, I believe, sooner or later, you will have trouble with it, and the tooth would be in better condition if the canal were filled tightly with cotton and creosote. It is a dangerous practice, especially so if it is in the hands of a great many men that get very careless. In the cases that Dr. Turner cited of the lower wisdom teeth, it is correct. You cannot get the nerve out of the end; you cannot fill it, so you have got to do the best you can, but wherever possible I think you ought to remove the nerve and fill the canals every time.

Dr. Jones: I thoroughly agree with what Dr. Carr has said. I think sometimes we go over the same ground year after year and then come over the circle again and again. You recollect years ago that process of filling teeth was used, or rather the plan of taking out the body of the nerve and leaving that in the roots, and it has been done successfully. And another question about it is, to do it thoroughly,

and wherever the nerve can be extracted it ought to be. We have instruments for that purpose. Wherever one thoroughly fills a tooth and is certain that he does it right, he does not have any trouble in one case in one hundred or two hundred; but after he finds he has made an operation and cannot get it to stay, with *those* teeth as an experiment, it is all right. I hope those cases that Dr. Everitt has will be successful, and he is a man that would be, if anybody else would. He is very thorough in whatever he does.

Dr. Everitt: But there is one thing sure, we never learn much in this world without experiment; and he said he understood me to say they were experiments. They *were* experiments, but I do not want it understood that I am introducing it. I merely made the experiment here with people whom I can see every day in the year and examine those teeth; and filling roots, sir, is largely experimental. If you take a tooth, unless you have a straight canal, and fill it with all the care you can, you will find in only 90 per cent. of these cases, if you take these teeth out and split them open, they are not perfectly filled in every case. Old Dr. Hubbard was one of the most thorough men I ever knew, and yet I have seen fillings he has put in with gold in the roots that were beautiful, but just up in the root there was a flaw, and yet those teeth had been there for years and years. Whereas, he believes, and has a right to believe, because the tooth has been standing there years and years, that he made a success. We do not make successes in every case. It is impossible. I have filled canals in teeth with cement and gutta-percha and almost every other filling material used, and have taken out some of these teeth afterwards that have given trouble. And I tell you, the trouble is that we only report those that we think are successes and we do not report other cases. I am glad to say there are failures and a lot of them. I reckon I have as many failures as any one, and I learn something from every one of them.

I see a distinguished friend and guest here, Dr. Dixon, who is not only our distinguished State Auditor but a minister of unusual eloquence, as well as an M. D. I had a case in his mouth which was an abscess from the right cuspid, and I think that that brother was disgusted with my treatment. He would kick and "raise Cain," and do everything but cuss. One day he said, "My Lord! can't you do something?" I said, "I did not know about that." He did "raise Cain" for awhile, but am glad to say I finally got him comfortable and got that tooth fixed up all right. But those things you have to contend with.

Dr. Jones: I would like to ask the experience of some of the older members of the Society. We hear sometimes of the extreme difficulty of treating teeth with blind abscesses, or rather with no fistular opening. It is only necessary to mention that for the mind of each dentist present to revert to some trouble he has had in the same connection. I have had one case in the last year that has been the most difficult one I have ever heard of. I filled that tooth twice, I think, and filled the root with gutta-percha. I have been able to take it out when trouble would commence, but the tooth was dead when it came to me and the jaw was in a bad condition, and I determined to see if I could not heal it. I think I can put in a permanent filling. I would like to know if any of you have had to make an artificial opening in order to cure these teeth. I have had to do it very little in my practice. I mean an opening through the outside at the end of the root to reach the trouble.

Dr. Turner: I was going to say with regard to that particular point in Dr. Jones' remarks, that dentists very frequently frighten off permanent operations through the pain caused by going in and cutting off the ends of these roots, because the patient magnifies it and other people speak of it as a very serious operation, but in reality it is not very painful. After you get through the gum there is

very little pain in the operation, and with the proper burrs it is a very happy solution of a very stubborn and difficult treatment through the crown of the tooth. I have never performed the operation a great many times, but the few times I have, the operations have been eminently successful, and it is frequently a short road to success in this operation. I will relate one particular case and let you judge whether or not it was prudent. There was a friend of mine, Dr. Tew, of Spartenburg, S. C., who sent a patient to me who had a crown beautifully put on a second bicuspid, and I could see that he had to build up the root in such a way that I found I could not treat it through the canals. At any rate it was so nicely put on that I did not like to take it off. The fact is I did not know whether I could ever get it back as nicely as he did. I thought I would give myself the advantage of the doubt and go at it in a different way, and so I simply cut a crucial incision on the gum about opposite the root of the tooth; took a course burr, protecting the soft parts—it is only a moment to go down through to the fang, and if you will take the trouble to just burr off the end of the fang and then use the ordinary precautions, they will generally make a thorough recovery—and no trouble has ever followed, that I know of. I think if you gentlemen would try that in stubborn cases that your troubles would all be ended in fifteen minutes, and no doubt about the result.

Dr. Carr: I want to say that only recently, six months ago, a very beautiful young lady came into the office with the central incisor giving great trouble. It had given trouble for twelve months and frequently suffered with neuralgia all night. The canal had been filled with cement. When I got away down to the apex I could not remove the filling. I do not think any man can, because the root was a little turned and very small, and I could not get it out. What was I going to do? I was unable to get to it. I

simply filled the root with gutta-percha and filled the cavity with gold, because it was not very sore; then I performed the operation that Dr. Turner has just spoken of. It was not only turned, but there was a little broach protruding through the end. I smoothed it off; and, as he says, you can make the incision without any pain. It does hurt a little when the gum is pierced, but it is only for second. But I venture to say, without any positive record, that I have operated not less than twelve times just on these conditions where it is so difficult to give blind abscesses exit through the root. I go in there and cut off the end of it. But we all have cases of good, sound teeth, molar teeth, that have become loose and very painful on account of the diseased condition caused by the deposit of calculus on the roots. I have found that it is impossible, almost impossible, when the deposit is made away down on the roots, to be sure that I have got it all off. I will dissolve it out as much as I can and still the teeth keep sore, and every now and then I have a great deal of trouble with them. Now, this is on the line of experiment, as I am not the originator of it, but I have found that going right into the center of that tooth, removing the pulp and the filament in the canal and filling them as thoroughly as I know how, there is no more calculus or deposit. I have been watching these cases and I believe that is the solution of the trouble—to destroy the nerve. It is not in a good tooth. It is worthless and others become worthless because they do not use that side of the mouth. You destroy the nerve and you will have no trouble afterwards.

Dr. Horton: I want to second what Dr. Turner and Dr. Carr have spoken of. I have done that operation and I have done it very successfully; I had trouble with the teeth for four or five weeks, could not do anything with them, and I finally decided on the operation of Dr. Turner's, and cut through there and without very much pain. The most

pain the patient suffered was when I went through to the abscess, and there was some soreness over it. I then just clipped the abscess off, put a little silk ligature in it, and let it drain off, and when I took that out it healed up and I never heard anything from the tooth afterward.

Dr. Everitt: I differ somewhat with these gentlemen on some things. My nature is somewhat to fight. I am going to differ and yet agree with them. In regard to the operation for abcess, I avoid that operation, sir, as I would an operation for apendicitis, and I perform it only as a last resort, after all other means have failed. I think we are justifiable in going through and reaching the root and rounding it off entirely and filling the root at once. I do not believe in leaving that root open, fill the root always. And, now, in that connection, I want to give the young men two little points. I learned it in my experience a number of years ago. If they want to perform that operation almost painlessly, you can do it, provided you will convince your patient of it. There is where Dr. Carr comes in with his suggestion. If you just take a match or tooth-pick, drying the gum thoroughly or even partially, and touch that little point in pure carbolic acid and then touch the gum where you want to make the incision, you can cut through that gum without any pain whatever. Another point that we all have to contend with when we come to a tooth that is dead, sore, and giving trouble. We have all had a swollen face following the first treatment of those canals, but you can dodge that if you take a large burr of sufficient size and open into the pulp-chamber freely, don't go into the canals, take a little cotton and saturate it with cassia, pack it loosely with cotton—not tight—and let it remain twenty-four hours. You can then go ahead and fill the tooth without having any swollen face.

Dr. Horton: When you open into a tooth like that would it be better to wash that cavity out with dilucid hydrogen?

Dr. Everitt: No, sir; do not disturb anything in that canal, for the chances are that you will have a swollen face. There are exceptions, of course, to this rule, but in the majority of cases you will have swelling to follow. You just rely on this dressing to remain in there twenty-four hours, and you will open it up successfully.

Dr. Turner: I simply want to amend what I said a moment ago, because I am not in the habit of talking very eloquently; but I trust that the Society understood that I did not recommend this operation through the alveolas as a common practice, it was only in cases that were stubborn and frequently so discouraging that a dentist would conclude that something heroic had to be done; and it is frequently the case that your patients do not live right next door to you, and if he can get a degree of certainty which this operation promises he would rather endure that than to have repeated visits to your office or trust it to some practitioner who does not, perhaps, understand it so well. In regard to Dr. Everitt's suggestion in using a disinfectant as you may use in teeth in which the nerve has died from some unknown cause or indefinite cause, possibly there is a great deal in that, particularly which Dr. Everitt failed to state, I think, that in placing a remedy in there to neutralize the contents of that tooth, if then you undertake to treat that tooth you run much less risk of carrying anything through the apical foramin. That is a very important thing because you neutralize everything in that cavity, and you have much less danger than you would have in going into the roots. They are not all the same size, they are sometimes, and are much larger than we expect.

Dr. Jones: A word has been used that, it seems to me, we would not like to go down in our report—"Alveola," instead of "Alveola process." Alveola is simply a socket, and the Alveola process designates what we are speaking of—the Alveola process.

Dr. Turner: I am the offender; I submit to the learned Doctor of Law.

Dr. Hilliard: Instead of using the carbolic acid, do you think it is serious to use an instrument? Press your finger upon the gum until it is white, and then you just want to whisper to the syringe, and that is all—use the least little bit of cocaine.

Dr. Everitt: There are some people who are so susceptible that you cannot use anything. Your humble servant here, for instance; that drop of cocaine would throw me into fits—it paralyzes me; I cannot take the least particle of it. If I were going to perform an operation today, as Dr. Hilliard says, it would be a capital good thing, it will relieve the pain entirely, and as to the pressure on the gum I know him to be absolutely correct about that.

Dr. Carr: In proceeding with this operation the first step is to inject a little eucaine, which is practically harmless. I have used it for the last two years and I have never seen the slightest bad result from it. I think that a mild solution and plenty of warm water will do the work whether there is any eucaine or cocaine or anything else. But while I am up I want to add just one word in regard to cutting the root. After doing that it is necessary to wash out the incision with carbonized water and a little pyrozone, and then pack that inside with iodoform gauze.

Dr. Reid: In regard to the statement made awhile ago in opening teeth that are dead. I have been using for some time the process just described, and I find it very satisfactory. When I first started out in the practice, the first thing in opening up a dead tooth was to get right into the canal, and the next day I had a very severe case of abscess, and the patient was not in very good humor. And I thought that I would try another means of opening up these teeth. The next time when I opened up a tooth I

placed carbolic acid or one of the essential oils into the cavity. I placed the chemically pure acid, if I used the acid, and packed lightly with cotton, leaving until the next day, or even until the next, and then opening the canal; and since using that means of opening up the tooth I have had no trouble from inflammation or swelling. I would like to ask Dr. Turner what kind of a burr he uses in cutting off the roots of these teeth?

Dr. Turner: Ordinarily, I would use the coarsest burr and a round one. It is sometimes a little bit difficult to hold that perfectly steady because the parts are all very tender, but if you will use as large a burr as you can conveniently and one that is cut coarsely—not a fine burr because it clogs very easily. I use the same burr in cutting off the root that I do for perforating the alveola, and I find no difficulty in it. As soon as you get through the bony structure and find that you are at the apex of the root you find a difference in the cutting of your burr, you find that it is very much harder, and all you have to do is knowing and understanding the direction in which the roots have taken in their growth. You hold on to it and trim it off nicely. You very often find there is a sack which you must destroy. I have not found it necessary to put a drain in any of them. There is one thing that, perhaps, might be relevant to this subject and is alluded to by Dr. Carr, and that is this matter of pyorrhœa. I do not pretend to be the champion of any particular kind of treatment of pyorrhœa, and I do not pretent that I have any more success than perhaps many thousands of others have, but I would say this, that it would be well for the profession to look cautiously into the commencement of pyorrhœa. We all know that every week that pyorrhœa exists complicates it more. We all know as the pockets deepen the difficulties increase and the doubt would increase as to its ultimate recovery. Some of these gentlemen, when

down in Atlanta, noted some remarkable cases or results of pyorrhœa treatment. I do not propose to go into that because I am, perhaps, not so well posted as many other men. I noted these results. I feel this way; that it is even the case in the busy dentist's life that he fails to notice the indications which might foreshadow the entering wedge of pyorrhœa, and we all know that teeth are lost more surely by pyorrhœa than by decay. Here we spend hours and hours talking about filling teeth and nobody seems to be interested in the treatment of pyorrhœa. Of course, I do not pretend to know any more than all of you know upon that subject, because any man who keeps up with the profession will find that this is the all absorbing topic with a great many thinkers; the prevention or the cure of pyorrhœa. And I believe myself, not with one school or the other. There are two schools in pyorrhœa; one believes it is purely a systematic treatment and another it is purely a surgical. Some claim that it is a surgical operation entirely, whereas Dr. Pearson, of Philadelphia, says it is purely dentistry. Whatever it may be, I feel that the surgical part of it is absolutely necessary, and whether it is that that is necessary I cannot say, but I have seen some cases in which the diagnosis was very distinct, and I have had, as I said a few days ago, very satisfactory results from the coöperation with a physician in the proper diet for different people and I have found improvement in the administration of lithia tablets or lithia water. About three years ago I put him on lithia tablets, and since that time he has made wonderful improvement both as to rheumatism and as to his teeth, and I find that a better preparation. It was not my purpose to discuss the various treatments of pyorrhœa because there are a variety of opinions, but what I want to caution the profession about is not to allow pyorrhœa to make its inroads; that it must be treated as a disease.

Dr. Judd: I would like to refer to what Dr. Carr said about destroying the nerve of the tooth to check this depost of calculus on the roots of the tooth. I would like to know how we can go about it; how that could effect, if that is the case. It seems to me that the surgical treatment is the thing.

Dr. Humphrey: In regard to the treatment of pyorrhœa —especially in an advanced stage—I would like to ask whether the older members here advocate the use of smooth instruments or sharp instruments. I have heard a great deal of controversy on that subject. I know one of the oldest practitioners in the country—I think he is one of the six original investigators of this pyorrhœa—he says that sharp instruments should not be used at all, and he advocates smooth ones. And I see other people who insist upon using sharp instruments, and I would also like to know which is better, a pushing or pulling motion.

Dr. Turner: I will make an effort to answer. I think Dr. Arrington is wrong. It may be that the calculus above the gum may be pushed off by a dull instrument or otherwise, but if you have ever taken out a tooth that was affected by pyorrhœa and examined it you will see that it takes your best and sharpest steel to remove it. It is a fallacy to think you can take a burnisher and push off deposits below the gum. It is usually of a very black color and very offensive; and so far as the pulling or pushing act is concerned, that makes very little difference until you get down to the bottom of the pocket, and there you have to use a different instrument altogether. You use an instrument something like a right and left excavator, and you push sideways, locating the instrument, rather pushing it down, because you want to remove the tartar from the very bottom of the pocket. You cut sideways, and it is usually a rounded instrument somewhat like a right and left excavator, but it is a different construction altogether, so that when you come

to the bottom there is danger of pushing down beyond the cavity. And then, if you want to have a pull, you have got to push the instrument beyond the deposit and in that way deepen the pocket, and that is the object in having the instrument sharp. You know what I mean by the pocket. There is a depression in that gum which is united to the teeth. Now, whenever the gum has been pushed away in such a manner that the deepening of it will allow secretion to permeate and remain there unless specially pushed out by pain or otherwise, is what we call a pocket. You know frequently you can take an excavator and reach three-fourths of the way to the end of the root, and yet the gum does not always show exactly the amount of the disease underneath. Of course, this deposit goes on as long as any secretion gets in there and it is deposited upon the rough surface of the cementum ; and it is very difficult to remove, because where it is attached to the enamel it is easily displaced. And it is believed by those men who are said to be foremost in this investigation upon pyorrhœa that it does not matter even if you mar the cementum, that it does not prevent a return of the tartar, and the manner, the peculiar manner, of testing as to whether you feel tartar or the tooth, is a matter of experience. They almost always use a steel-handle instrument, and they detect the difference as the cutting edge of the instrument strikes the tooth or the tartar. It is a question of experience, and a very delicate test, it is true. It is better to mar the structure of the tooth than leave any of the tartar. I have no doubt that practice makes perfect in all these things. I have seen old Dr. Young operate, and he explained that to me ; and I have seen many others operate who have made a specialty of it. Dr. White, of Asheville, and many others, say that by cultivating the difference in the feeling of the teeth and tartar you can detect it.

Dr. Carr: I hope to hear some of the gentlemen express themselves in regard to the treatment—I speak of

destroying the nerve of the tooth. I would like to say this: It has been my observation, and I have no doubt the observation of all of you gentlemen, that in cases where the pulps have been taken out you never find this deposit. You may look into the mouth and you find the teeth that have been relieved of their pulps perfectly free from it. There is a reason for that; it is for that reason that we destroy the nerves. It must be by cutting off a certain amount of circulation that we get rid of that deposit.

The subject was passed.

The next subject was Chemistry and Medical Surgery.

Dr. Betts read a paper on Amalgam Filling, prepared by Dr. Patterson, as follows:

AMALGAM FILLINGS.

The only excuse that can be offered for presenting a paper on this subject is the fact that amalgam fillings form a part of each day's work in the life of nearly every operator in the profession, and because, in the practice of many, it is the most slovenly performed operative procedure that is undertaken. This last is due to two causes—the first, and most potent one, is the fact that the material is a cheap one and the price paid for its insertion is small. It is not so much that the operator feels justified in slighting his work as it is that he does not feel justified in giving his time and best service to an operation that affords such small remuneration. This sounds like sophistry, and it probably is, as, whatever the motive, the bad filling results just the same.

The other cause lies in the fact that the material can be easily inserted, so that the filling looks well when completed and will not fall out when it hardens, without being in any sense a good filling. When failures occur from this last cause, they are usually attributed to either the badness of the alloy or the poor quality of the tooth structure.

The poor quality of the tooth structure! What would we do without that useful scapegoat? It is as valuable to the dentist as "malaria" is to the physician. Like charity, it covereth a multitude of sins. Hidden behind this specious and apparently scientific cause, errors of omission and commission are often undiscernable even by the authors thereof.

So that we have one of these two causes operative in practically all badly made fillings. The first is an intentionally bad filling; the operator cannot but know that his work is bad. The second is due to the fact that a bad filling is so much more easily made than a good one that the very simplicity of it causes the operator to unconsciously slight his work.

The first class of failures cannot be eradicated by any steps that we may take, but the second class may be diminished in numbers by iterating and reiterating certain well-established rules often enough to keep the matter fresh in the minds of the habitually careless—and that is the purpose of this paper.

First of all, the alloy must be properly made from a good formula. This being obtained, the next step is the preparation of the cavity. In this the essential features are similar to the preparation of a cavity for gold filling. Generally speaking, enamel, unsupported by dentin, should be broken down, carious dentin removed, and the infected tooth substance cut away, if practicable. Square-seated bases and steps are as valuable in this class of fillings as they are when gold is the material used. The point of contact, in compound fillings, should be as carefully isolated from the enamel by the filling material as is urged in the use of the nobler metal. In short, the cavity should be prepared as for a gold filling, with squared enamel margins, instead of bevels. The only other point of difference that should be mentioned is that the cavity should have a greater amount of retention form than is necessary for a gold filling.

Next comes the mixing of the alloy with the mercury. This is a matter requiring some attention. The amount of mercury necessary to make a perfect, homogeneous mass of the alloy varies according to the formula and cut of the latter. Most alloys require at least equal parts of mercury by weight, to make a perfect mix. The quick setting alloys containing high percentages of silver, and either copper or gold in fair percentage, take, by weight, more mercury than alloy to make a perfect mix, some formulas requiring as high as 13 to 14 of mercury to 10 of alloy. Some of what are known as medium setting alloys, require even less mercury than alloy, by weight, to accomplish this ; 8½ of mercury to 10 of alloy is one result obtained.

But the cut of alloy governs the amount of mercury required even more than does the formula. Thin shaved alloys require more mercury than coarse shavings of the same formula. A difference of 15 per cent. in the amount of mercury necessary to secure amalagamation will result from a difference in the cut ; a coarse, harsh cut requiring much less mercury.

The amount of mercury present in the completed mix will govern to some extent the quality of the filling. Mercury is easily oxidized. It is unstable and adds no strength to other metals with which it is brought into chemical union. It is easily and quickly effected by weak acids and is a highly undesirable constituent, in a free state, in an amalgam filling. It increases shrinkage, decreases strength, and causes more movement of the molecules when pressure is applied to the filling after it sets. It is the poorest metal as regards stability and endurance that enters into the filling, and the less of it that is left in the mix, after perfect amalgamation has been obtained, the denser and harder the filling will be.

However, enough must be used to secure thorough amalgamation of the alloy. It is just as great an error to use too little mercury in making the mix as it is to use too much. A little experience will enable the practitioner to recognize the proper consistency. The amalgam should be a coherent mass, not a powder, but it should not be so soft as to leave a smear of mercury over the palm of the hand as it is worked. If it is quite crumbly under manipulation, more mercury is needed. If it leaves a trail of mercury over the palm, more alloy should be added.

Methods of mixing vary much. Some men mix altogether in a mortar, more mix altogether in the palm of the bare hand, a few use a rubber mortar and pestle held in the palm of the hand, and I have met one man who mixes in a rubber finger-stall, pouring mercury and alloy into it and kneading it with thumb and fingers, and another who put on a rubber glove. Others use the corner of a piece of rubber dam for the purpose. They all achieve the result—amalgamation. My preference in mixing alloys composed of 60 per cent. or less of silver, is the dry, clean, bare palm of the hand. For the higher percentages of silver, I prefer a glass mortar and pestle to begin with and the palm to complete the mix. I have met one practitioner, however, who reverses this order, using the mortar after the palm.

As soon as the alloy is amalgamated, further manipulation of the mass is detrimental, instead of advantageous. Mercury unites with silver in several different proportions. As manipulation of the mix is continued, more atoms of mercury are taken into the molecules of alloy, making combinations in which the mercury increases in proportion. This is the objection to the mortar and pestle for mixing. The vigorous trituration induces the admission of more mercury into the mass. Dr. G. V. Black, in 1895, while commenting on the fact that alloy could be induced to take up larger amounts of mercury by longer manipulation, advanced the theory that an amalgam was like a piece of grout, particles of the alloy being held together by the mercury as the stones are by the cement in grout, and that the interstitial substance—the mercury—was increased by manipulation. I do not know whether Dr. Black rejected this idea later or not, but I am quite sure it is an erroneous theory. The union is chemical, not mechanical.

In passing this portion of the subject, it may be well to say a word or two on a subject that is misunderstood by many, namely, the blackening of the hand during amalgamation. Most alloys are clean. It is so easy and simple to keep dirt from the alloy during cutting, tempering and bottling, that it is fair to suppose that a majority of them are comparatively clean. Now, if the alloy is free from dirt, the blackening which occurs in the hand is due either to the condition of the hand or to oxidation of the alloy previous to the mixing. For instance, sulphur is an ingredient of perspiration. If the hand is moist with perspiration during the mix, the sulphur unites with the silver and with the mercury, forming the sulphids of those metals, both of which sulphids are black. That

may be a cause for the discoloration. If this is not the cause, oxidation of the alloy or of the mercury—the former before, the latter during, amalgamation—is responsible. If the cutting tool is dull, or the lathe is fed too fast, or the cutting tool is not adapted to the work in hand, considerable heat is generated, enough, in fact, to oxidize the alloy to a degree. This thin layer of oxide which forms on the shaving rubs off onto the hand during amalgamation. If the alloy is over-annealed while exposed to the air, oxidation occurs on the shaving and the same result is obtained. So that, if the shavings are oxidized at all, the appearance of this oxid on the hand is certain during the amalgamation of the mix.

Another cause for discoloration may be found in the fact that during amalgamation of most metals, heat is given off. The amount varies. Zinc and cadmium give off considerable heat during amalgamation. A grain or two of aluminum in the mix will generate so much heat as to render it impossible to hold the amalgam in the bare hand. Silver gives off heat during amalgamation. All oxidizable metals are more readily oxidized in the presence of heat. Mercury is so easily oxidized that the increase in heat due to amalgamation of some alloys will appreciably oxidize the mercury. The sub-oxid of mercury, caused by exposure to the air or a low grade of heat, is black. Exposed to a greater degrees of heat, it changes to the higher form of mercuric acid, which is red. The ease with which mercury oxidizes even on exposure to air at ordinary temperatures, may be seen by placing some of it in an open receptacle for a few hours. This oxidization takes place much more rapidly as heat is applied. Here, then, is probably another cause for the blackening of the hand. During the amalgamation of some formulas sufficient heat is generated to oxidize mercury, and the black sub-oxid of mercury is seen in the palm of the hand. The following simple test will illustrate my meaning: After cleansing and drying the hand, rub a few grains of alloy vigorously around in the palm and see if the hand is soiled. If it is, the alloy shavings were oxidized; if not, add mercury and make a mix. If the hand is now stained, it is evident that the cause is due to oxidation of the mercury caused by the generation of heat during amalgamation.

The next step in the operation is to free the mix from surplus mercury. With some of the quick-setting alloys this cannot be done, or the mix will begin to set before it can be inserted into the cavity. It is necessary in these alloys to leave a large percentage of mercury in the mix in order to work the amalgam before it sets. But the medium setting alloys allow of the expression of mercury. It is a mistake to mix the alloy with so little mercury that there is none to squeeze out. It is almost impossible to use that small amount of mercury and get a workable amalgam. Enough mercury should be used to make a coherent mass, and the use of that much mercury makes the removal of some of it after amalgamation is completed, a necessity. It is a popular belief that the expression of mercury from the mix removes certain metals from the alloy in greater

proportion than others. Whether this is true or not I am not prepared at this time to say. But the force of this argument against squeezing out the excess of mercury from the mix is nullified by the use of the chamois skin or piece of muslin. In making experiments on that line, but a trace of other metal could be found in the mercury after its passage through the chamois skin.

The writer has seen dentists squeeze mercury out of the mix with either their fingers or a pair of pliers, catching it again in the wide-mouthed bottle from which they first took it. This is a mistake. In the first, place, the mercury should not be kept in a stoppered bottle, as it is certain to oxidize. In the next place, the man does not live who can pour a desired small quantity of mercury from a bottle. In the third place, in squeezing out the mix with the fingers or with pliers, and without using the chamois skin, some alloy certainly gets away in the mercury. Whether this alloy that is carried off contains the metals in the same proportion that they were in the shavings, or whether one or two metals are in larger proportion, I cannot say. And, in the last place, that mercury should not have been returned to the bottle again on account of the reason just given—it contains a part of some of the metals in the alloy, if not all of them. To prove this to your satisfaction, make a mix and express the mercury with a pair of stout pliers without using the chamois skin, catching the expressed mercury in a receptacle. Place the mercury so caught in a chamois skin and squeeze it through with pliers. Quite a deposit of metal will be left on the chamois skin. That deposit is what was carried from the mix by the mercury when the latter was expressed by the pliers. It is practically impossible to squeeze out too much mercury from a mix. It is easy to get mercury into an alloy, but difficult to get it out. There will be enough of it left in the best-squeezed batch to make a good filling, and the less mercury you have, the denser, stronger filling you will make. The best fillings result from the use of an amalgam that has the mercury evenly distributed through the mass, and as, in squeezing out the mix through the chamois skin, the thickest portion is the driest, the edges, which have a large percentage of mercury in them, should be rejected and only the central portion of the mix used.

Having secured the proper mix, the operator is ready to go to make his filling. Every amalgam filling should be made in a box-shaped cavity, that is, a cavity having four walls. If the cavity, as it exists, only has three, or perhaps two, walls, a matrix should be used to supply the deficiency. This is imperative if the best results are to be obtained, for pressure is one of the most important features of the insertion of amalgam fillings, and edquate pressure cannot be obtained unless there are surrounding walls against which to pack the material. The majority of operators burnish amalgam to place. This method is fairly efficient if enough pressure is used, but my preference is for malleting it in with slightly serrated, broad-pointed pluggers. Whichever method is employed,

the amalgam should be inserted in small pieces at a time, each piece thoroughly packed before another is inserted. In packing care should be taken not to break up the amalgam with the plugger. The material must not be chopped to pieces, but should be carried before the plugger point until thoroughly condensed. The good results are two-fold. The molecules of the mix are not only brought closer together, but free mercury is brought to the surface, from whence it can be removed before the addition of another small piece of the mix. This method should be followed until the filling is built higher than is required and it can then be dressed down. The use of alloy filings, tin-foil, or gold should be avoided in finishing. The best results are obtained from fillings in which the mercury is evenly distributed, which excludes the use of filings, and if the formula of the alloy is all right, it should not be disturbed by the addition of more tin, or more gold. The final finish of the filling should be as carefully performed as though the material was gold.

Bad alloy fillings are easy to make. Good alloy fillings require skill, experience and judgment.

The discussion was opened by Dr. Humphrey: I think myself that it is best to squeeze out the excess of mercury. I have seen it put in a chamois skin and squeezed until there was nothing but dry powder, practically dust, almost. It seems to me that the best way is to mix it up and squeeze out as much of the mercury as you can with the fingers; then put it in, pack it good and hard with a round burnisher, and that keeps the excess of mercury at the top. And when you put in the last piece it is going to be a little dry and harder than the first, and then put in some more and scrape that off and put on some more, and you will find that you can work out every bit of the excess of mercury. In that way you have the advantage of using the mercury, and you get rid of it at the end.

Dr. Everitt: This paper has evidently required a great deal of thought; it is a well written paper and should have broad discussions. He has brought out some points I have never heard before in the preparation of amalgam. I do not use a great deal of amalgam in my practice for the simple reason I have never learned how to do amalgam work. I think the largest portion of my failures is in amalgam fillings. I get better results from the use of gold

as a filling material than from amalgam. As for working amalgam, everybody has a different way of working it. Someone succeeds in one way, and some in another. I take it that everybody tries to prepare his cavity upon good principles. In packing my amalgam into the cavity I use smooth pointed instruments nearly altogether. I have used for a number of years White's amalgam. I think it is about as good as any. There are some, perhaps, a great deal better. No matter how large the cavity may be, it seems to me you can get sufficient pressure with the ball burnisher or any smooth pointed instrument. I may be mistaken, but that is just my idea.

Dr. Betts: There is a point in regard to packing amalgam into the cavity I would like to ask some information on. I would like to ask—and purely for information—is it ever possible where the nerve is in fairly good condition and thoroughly protected to pack amalgam so hard in its plastic state that afterwards the simple expansion of the material will cause undue pressure upon the nerve? Two cases have come under my observation within the last year, where complaint has been made of a case of this kind giving trouble, and the excuse given to the patient by the dentist who put them in was that the filling was packed too hard. When it set, it expanded, and gave this trouble, he said.

Dr. Tucker: I would like to hear from Dr. Rominger on this matter. He has a new theory; he gave it to me, and I would like to give it to the Society; it is in regard to expansion and shrinkage of amalgam fillings.

Dr. Rominger: The one Dr. Tucker was speaking of was simply this: I built up the inner cusp of a bicuspid; it presented a nice, good cavity; I built that up nicely and contoured it up and polished it off, giving a nice finish that pleased me very much in artistic appearance. In a few months the lady came back. She could feel some

roughness on the edge of the cusp at the joint where the cusp was broken. I did not really have any explanation of it, but I thought possibly there was a little crumbling there, so I took a fine burr and made the edge new again and refilled that edge and polished that up nice and smooth. It was not over a month when she was back, complaining of the very same thing. I said I was going to see what was the matter here, and I just removed the whole filling. In the preparation of my cavity there was a large end, somewhat under the side of the other cusp. In the filling of this tooth I had depended upon the expansion of the amalgam to fill that end, too, without carrying an instrument in there and packing it carfully against that wall in the end. Now, then, I failed to get that perfectly full under there; there was an accumulation of the softening of the tooth there, and accumulation of the leakage and that expansion of that matter under there would lift that filling every time. That gave me this idea. I have observed along that line since. Do not understand me to be laying down the rule, but it is true so far as my observation goes. Where I saw expansion there was some absorbent matter under the filling that elevated it—that explained the expansion. I sent for Dr. Tucker recently and said: "I want to talk to you on the line of absorption, and I want to ask two or three to observe on that line." Every case where you have a bulging amalgam filling, just remove it and see if you have not soft matter under it. It is the same as freezing ice. There is no possibility of resisting that pressure. It will expand. It is simply a resistance like the freezing of a piece of ice; when it becomes absorbent it expands; it is an irresistible force. And my only object in speaking of it is that we might observe. Dr. Tucker gave me away on that, because I did not intend to speak of it publicly till I had made sufficient observation. I simply throw it out as a suggestion; but

so far as my own observation goes, I have not seen a bulging out where there was not found soft matter under the filling.

While I am up I will speak on one other point that was suggested in the remarks of the paper on the use of tin foil. I use tin foil, in my judgment, to advantage in the finishing up of an amalgam filling. I want it overfull as Dr. Humphrey said, and then when I come down on that with the piece of tin foil and burnisher it cuts that tin all to pieces. I burnish as long as it will cut and then I know I have taken up all the excess of mercury. My idea is that the crumbling edges of amalgam are nearly always due to the excess of mercury right at these edges, and the edges are the places where you have not condensed that thoroughly; the excess of mercury will hang around the edges of that cavity, and, to my mind, it is the cause of easy crumbling of the edges. If you have the cavity overfull and then use the tin foil and burnisher, and burnish until it will not cut that tin foil any more, then cut down below where the tin has entered into the composition of the mercury, you can finish up with perfect edges. I use this plan, and, I think, I can show as pretty fillings of amalgam as any one; that is, they are as nearly perfect as I can get them.

Dr. Jones said: I am very much interested in this discussion and I think it is one of the most important suggestions that has come before us, but in view of the fact that some of us have to leave after dinner, I move that the subject be passed, and proceed to something else.

Dr. Patterson: I have been working on the subject of amalgam and studying it for the last five or six years. I have got my own formula which I use; if any one would like it I will write it out. It is practically 60 per cent. of silver, 37 of tin, 1½ each of zinc and copper; I think this is the formula. It has proven very satisfactory. It makes

a very hard filling; it makes a filling that finishes nicely and holds a good color; I have never seen any shrinking or had any trouble with expanding.

The subject was passed.

The next subject was Voluntary Papers. There were no voluntary papers.

Dr. Everitt: I would like to make only a remark, as there are no voluntary papers. I presume that there are very few members of this Society who are aware of the fact that a member of the Society—a son of one of our oldest and most distinguished members—was recently elected professor in the Dental Department of the University of Pennsylvania, Dr. Charles R. Turner. It is a compliment to our town, to our Society, and to the State of North Carolina, and, to say the least of it, I think this Society should give expression in some way or another as to its appreciation of the compliment paid to our distinguished young friend. I would be glad to hear from the brethren on this subject.

Dr. Jones: I am sure that each member of this Society is gratified at the distinction that has been given our young brother, and pleased to know of the rapid progress that he is making in our profession; and, if in order, I think a motion congratulating him upon it would be proper for us.

Dr. Carr: It would be a good idea to put it in the form of a resolution. It is something for the State Dental Society to be proud of, that one of our young men should be tendered such a position as that. I think a resolution to the effect that the Society, having heard of this compliment, hereby expresses its appreciation, etc.

In this connection the following resolutions were adopted:

It having come to the knowledge of this Society that one of our members, Dr. Chas. R. Turner, of Raleigh, has been tendered the position of Professor of Prosthetic Dentistry in the dental department of the University of Pennsylvania, and elected, and recognizing the requirements necessary to qualify one for so responsible a position; it is therefore,

Resolved, That we, as a Society, recognize this compliment, and desire to express our gratification at the same.

Dr. Turner read report of the Committee on Ethics in regard to the charges against Drs. Edwards and King, as follows:

RALEIGH, N. C., June 21, 1902.

To the North Carolina Dental Society:

Your Committee on Ethics, to whom the cases of Drs. Edwards and King were referred, have considered the circumstances under which they are presented, and without a chance of hearing from the gentlemen concerned, we have decided that, under the laws of our Society, they are liable to the charge of most grossly violating the Code of Ethics. Only one extenuation is found in their favor, and that is the fact they may have been under the impression that they had the privilege of resigning under these circumstances.

V. E. TURNER,
R. H. JONES,
H. D. HARPER, SR.,
Committee.

Dr. Everitt said; In the case of Dr. Edwards it could not be ignorance, because he wrote to me tendering his resignation on the 8th day of January. I presume he has the letter I wrote to him, if he has not he ought to have. I stated very positively that his resignation was received, subject to the approval of the State Dental Society, and that he must be clear with the books; but, as yet, he has made no application to pay his dues. The Society ought to expel them both. I move that the Committee be instructed to prefer charges and specifications against these gentlemen, and have them summoned at the earliest convenience, that they may settle the matter and report their proceedings at the next meeting.

Dr. Turner: I was going to say it was all very well to have these charges preferred, but this Committee is widely separated, and we find it very difficult to get together; and it is necessary to give these gentlemen notice, and give them an opportunity to appear before us and make such defense as they see proper. But I was going to say, if the Society was going to hold for any length of time, we might

get that thing understood, so that we might do part of the work here today. The fact is that none of us believe that they are going to appear; but we will be criticised unless we give them the opportunity. As I understand it, you are asking your committee to meet in the interval between now and the next meeting.

Dr. Everitt: I move that if the committee have opportunity before they go to their respective homes they be requested to draw up these charges and specifications, and furnish each one of the erring brethern with a copy, notifying them that they must appear on a certain day when the Convention is in session, or the day before they meet; and, further, that a week before the next annual meeting, the charges be mailed to them under registered letter, that they may not plead that they have forgotten them or did not receive them.

Dr. Turner: I think it is thoroughly practical to manage it that way. I just want to see that it is practically done. I always try to perform all that the Society requires me to do. This seems a mere formality, but we will be criticised more if we do not do it. In the meantime they are doing great damage to the Society by their conduct.

Dr. Carr: The very best meetings we ever have we have in Raleigh; we have a larger and more enthusiastic attendance, and we have better clinics. The main reason for that is, that our local dentists here are so very solicitous of the welfare of each member and the Society as a whole. Everything is provided for, and they deserve our special thanks and appreciation. I am always glad to meet in Raleigh. I know it is a great deal of trouble and expense; but still they do it with a lavish hand. We sincerely appreciate it, and I believe every one will endorse what I have said.

Dr. Rominger: I heartily endorse what Dr. Carr says, and especially at this meeting. The arrangements for this meeting have never been exceeded for any meeting that I

have ever attended, and I want to express my personal gratitude for the interest and for the hospitable manner in which they always entertain us.

Dr. Carr and Dr. Rominger have voiced the sentiments of the other members present in regard to this matter.

Dr. Turner: I would suggest that a vote of thanks be extended to the Governor, and also to the S. S. White Company for the use of chairs for clinics; and I would suggest that the Dental Board give the janitor a fee of $5.00 for his excellent services.

The Executive Committee recommended that an appropriation of $30.00 be made for the services of stenographer, and also $5.00 for the janitor.

The motion was carried.

The Report of the Clinics was read by Dr. Fleming, as follows:

REPORT OF CLINICS.

1. Dr. E. J. Tucker, of Roxboro, made a clinic on the dystal surface of a left upper first bicuspid, using cohesive gold in pellets, and building the filling well out, so as to give the finished surface perfect contour.

2. Dr. Norwood G. Carroll, of Raleigh, inserted a large gold filling in an anterior proximal cavity of a right upper molar, using perhaps eight sheets of gold, and nicely building up the broken down cervical wall of the tooth, and restoring perfectly the contour.

3. Dr. C. A. Rominger, of Reidsville, gave a porcelain inlay clinic, using the dystal surface of a left upper canine—one of the most difficult cavities in the whole mouth. The clinic was probably the most instructive of its kind yet given in this State—Dr. Rominger having the happy faculty of making plain each step in the preparation of the cavity and the mixing and baking of the inlay. As completed, it made a beautiful filling, being a perfect match in color, and perfectly restoring the tooth.

4. Dr. J. A. Gorman, of Asheville, gave a clinic on a labial surface cavity of a left upper canine. Those who have ever put in such a filling will readily see the difficulties of the operation. Although the cavity extended well up under the gum, Dr. Gorman succeeded in putting in a splendid filling, and in finishing it succeeded in restoring the contour—without pitting his filling with disks—a somewhat hard operation.

5. Dr. H. D. Harper, of Kinston, made a clinic of a large gold filling in the dystal surface of a right upper first bicuspid. It was a tedious operation, requiring especial care, but was beautifully done by the clinician—restoring the lost cusps and leaving a nicely contoured surface.

6. Dr. J. R. Osborne, of Shelby, gave a clinic of amalgam fillings in approximal cavities of right upper molars—showing his method of preparing approximal cavities where so many others fail. He also showed his method of making a simple matrix of photographers' tin to hold the amalgam in place, and then the ease with which it is removed without disturbing the fillings.

7. Dr. C. L. Alexander, of Charlotte, gave a beautiful clinic of a cast filling, on a right lower Molar. The molar was badly broken down on account of chemical abrasion. Dr. Alexander made a cast filling for this tooth by using gold $\frac{3}{1000}$ thickness, and fastening the cast by means of four pins. After making this cast Dr. Alexander swaged up a cusp just as in bridge work, and after carefully fitting it in place it was soldered to the cast already made, finished up and cemented on. Completed, it restored perfectly the contour of each separate cusp. This work is Dr. Alexander's own method—thought out by himself. The cast filling, without the swaged cusp, has been shown before, but the swaged cusp was shown for the first time in this State.

J. MARTIN FLEMING,
Supervisor.

The Report of the Clinics was adopted.

It was moved that an appropriation of $11.80 for the payment of the expense account of the Supervisor of Clinics be allowed.

The motion was carried.

Dr. Tucker offered the following resolution of thanks to Dr. Fleming, which was adopted:

Resolved, That a vote of thanks be tendered Dr. J. M. Fleming; Supervisor of Clinics, for the very efficient manner in which he performed his duties.

The following resolution was unanimously adopted:

Resolved, That the thanks of this Society be, and are hereby, tendered to Dr. Henry W. Morgan, Professor of Operative Dentistry in Vanderbilt University, at Nashville Tennessee, for his interest and kindness in presenting to this Society, through the Chairman of the Committee on Oral Surgery, Dr. J. S. Betts, a very interesting case of a dissection from the superior maxilla.

Election of officers was the next order of business. The following were elected:

President—Dr. J. H. Benton, New Bern.
First Vice-President—Dr. J. R. Osborne, Shelby.
Second Vice-President—Dr. D. L. James, Greenville.
Secretary—Dr. J. Martin Fleming, Raleigh.
Treasurer—Dr. R. M. Morrow, Burlington.
Essayist—Dr. F. L. Huut, Asheville.
Examining Board—Drs. S. P. Hilliard, Rocky Mount; T. M. Hunter, Fayetteville; these gentlemen to succeed themselves on Examining Board.

Winston was selected as the next place of meeting. The first session to be held the third Monday morning in June, at 8.30 o'clock.

The officers elected were installed in the proper order, and, upon taking the chair, Dr. Benton said: This is the highest honor that can be conferred upon any person of the dental profession of this state. I appreciate it all the more from the fact that I have not sought it; it came to me without my solicitation. Give me your patience and give me your assistance, and I have no doubt as to the result of the year's work. I shall endeavor to do my duty.

Dr. R. H. Jones, of Winston, N. C., was elected a delegate to the Southern Branch of the National Dental Association.

By order of the Society, and in accordance with the requirements of the Constitution and By-laws, the following were suspended for non-payment of dues: Drs. E. A. Crawford, S. O. Brooks, and B. F. Smathers.

Dr. Everitt, Dr. Tucker and Dr. Horton were appointed as Executive Committe.

The following committees were appointed:

Publishing Committee—Dr. Betts.

Committee on Ethics—Dr. Turner, Dr. Jones, and Dr. H. D. Harper, Sr.

The following were appointed delegates to the National Convention: Watkins, J. C.; Carroll, N. G.; Hilliard, S. P.; Edmondson, J. R.; Horton, P. E.; Hatcher, J. W.; Hunter, E. L.; Carr, I. N.; Osborne, J. R.; Morrow, R. M.

The Society adjourned to meet at Winston the 3rd Monday morning in June next, at 8.30 o'clock.

LICENSES GRANTED.

The following are the names and Postoffice addresses of the successful applicants for license before the Examining Board, in 1902:

S. A. McAnally.....Loomis.
L. C. Smith.....Wyatt Mills.
M. C. Horton.....Wakefield.
C. E. McManus.....Harper's X Roads.
B. J. Durham.....Asheville.
P. A. Dixon.....Osceola.
D. N. Hicks.....Lenoir.
J. W. Jameison.....Charlotte.
J. H. Newberry.....Magnolia.
P. T. Gordon.....Charlotte.
C. F. Glenn.....Avery's Creek.
E. B. Tucker.....Henderson.
N. T. Holland.....Clayton.
W. A. Hayes.....Charlotte.
J. J. Van Noppen.....Winston.
H. D. Harper, Jr.....Kinston.
E. Eringhaus.....Elizabeth City.
Z. K. Justice.....Hendersonville.
C. A. Little.....Catawba,
F. H. Pitman..... Ashepole.
J. A. Carlton.....Biltmore.
O. H. Arnold (colored).....Charlotte.
W. A. Pethel (colored).....Raleigh.
B. H. Teague.....Aiken, S. C.

ROLL OF MEMBERS.

Alexander, C. L.... .....Charlotte.
Ballentine, J. A.....Jonesboro,
Banner, J. E..... .....Mount Airy.
Battle, J. J.....Rocky Mount.
Benton, J H.....New Bern.
Betts, J. S.... .....Greensboro.
Biggs, J. D.....Williamston.
Bland, C. A..... .....Charlotte.
Bland, M. A.....Charlotte.
Booth, R. S.....Warrenton.
Boyette, C. S.....Clinton.
Boyette, Frank.....Goldsboro.
Boyette, J. M.....Wadesboro.
Brooks, J. H.....Burlington.
Carr, George H.....Durham.
Carr, I. N.....Durham.
Carr, R. L..... .....Greenville.
Carroll, N. G.....Raleigh.
Cole, R. S.... .....Rockingham.
Conrad, W. J.....Winston.
Dameron, L. L.....Beaufort.
Davis, I. H.... .....Oxford.
Davis, W. Ross.....Whiteville.
Early, E. F..... .....New Bern.
Edmundson, J. R..... .....Wilson.
Edwards, W. H..... ....Durham.
Everitt, D. E..... .....Raleigh.
Faulkner, Thomas H .....Kinston.
Fleming, J. M..... .....Raleigh.
Goodwin, J. C..... .....Dunn.
Gorman, J. A.....Asheville.
Griffith, J. F.....Salisbury.
Hall, C. B..... .....Prospect Hill.
Harper, H. D..... .....Kinston.
Harper, H. D., Jr.....Kinston.
Harris, F. S.....Henderson.
Hatcher, J. W..... .....Smithfield.
Hilliard, S. P..... ... .Rocky Mount.
Holland, H. G .....Caroleen.
Horton, H. V..... ... .Winston.
Horton, P. E..... ....Winston.

Humphrey, L. M.....Greensboro.
Hunt, F. L.....Asheville.
Hunter, E. L.....Fayettville.
Hunter, T. M.*.....Fayetteville.
Jacobs, J. M .....Woodland.
Jamieson, I. W.....Charlotte.
James, D. L.....Greenville.
Jeter, I. P.....Morganton.
Jones, R. H.....Winston.
Judd, J. H.....Fayetteville.
Keerans, E. P.....Charlotte.
King, M. B .....Greensboro.
Klutz, S. B.....Albemarle.
Lee, S. P. J.....Smithfield.
Little, J. B.....Newton.
Liverman, A. C.....Scotland Neck.
Lynch, William.....Durham.
McCracken, F. W.....Sanford.
McCracken, J. T.....Durham.
Matthews, J. E.....Wilmington.
Morrow, R. M.....Burlington.
Osborne, J. C.....Cleveland.
Osborne, J. R.....Shelby.
Parker, J. M.....Goldsboro.
Patterson, G. B.....Fayetteville.
Perry, E. A.....Littleton.
Pitts, H. C.....High Point.
Ramsey, R. L.....Salisbury.
Ramsey, W. B.....Hickory.
Regan, C. W.....Laurinburg.
Regan, J. D.....Lumberton.
Reid, J. G.....Marion.
Reid, L. G.....Lenoir
Richardson, E. E.....Leaksville.
Rominger, C. A.....Reidsville.
Ross, T. T.....Weldon.
Rowe, W. W.....Greensboro.
Sadler, C. D.....Baltimore, Md.
Satterfield, H. G.....Prospect Hill.
Sinclair, J. A.....Marion.
Smithson, C. F.....Rocky Mount.
Smithwick, D. T.....Louisburg.
Snell, H.....Washington.
Spurgeon, J. S.....Hillsboro.

* Died since meeting.

Thompson, C. A..... .....Wilson.
Tucker, E. J.....Roxboro.
Turner, V. E.....Raleigh.
Walters, H. N.....Warrenton.
Ware, R. E..... .....Shelby.
Watkins, J. C.....Winston.
Wheeler, J. H..... .....Greensboro.
Whisnant, J. F..... ....Henrietta.
Whitaker, J. D.....Raleigh.
White, L.....Statesville.
Whitehead, C. A..... .....Tarboro.
Whitsett, G. W.....Greensboro.
Wyche, J. E.....Greensboro.